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ORIGINAL ARTICLES

STRICTURE OF THE RECTUM.*

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The object in presenting this paper is not so much to present something new as to call the attention of the profession more particularly to this condition and its treatment, and to insist upon an early examination in all cases of suspected stricture, in order that suitable treatment may be inaugurated in time to relieve this condition before symptoms of obstruction exist.

A stricture of the rectum is a narrowing of the lumen of the bowel from any cause; it may result from contraction or from mechanical pressure outside of the bowel, caused by an enlarged prostate, a dislocated uterus or a tumor. Strictures may be broadly classed as congenital, neoplastic, spasmodic and inflammatory. They are spoken of as to their shape as annular, valvular, tubular and linear; they are also spoken of as benign and malignant strictures, but Crips says that every stricture, if left alone, eventually results fatally; if not from the disease itself, from the symptoms that follow in its wake and shorten life.

Stricture of the rectum is usually located in the lower portion, though no part of the rectum or colon is exempt; but it is usually found within 2½ inches of the muco-cutaneous junction. Stricture is but rarely found in the young. It is the exception to find a case of stricture in a person under 30 years of age. Women are much more prone to stricture than men; one reason is that they are more subject to constipation, and the rectum is often damaged from the pressure of the child's head during labor.

Etiology.—The rectum is more frequently the site of stricture than any other canal opening upon the surface of the body; this is dependent upon its anatomic arrangement and function which constantly exposes it to injury and stretching, and also to the presence at all times of pathogenic bacteria; also, its relation to adjacent organs renders it particularly liable to infection from diseases of these organs.

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Congenital stricture frequently is not observed until later in life, when on account of change of food and habits, the patient's stools become more solid and difficulty in the passages begin to be felt. Patients assume that the condition is due to constipation and pay little attention until the necessary straining produces fissure, hemorrhoids or other inflammations of the rectum or anus. These cases can give no history of any rectal trouble other than that of gradually increasing constipation. Many of them will be able to recall the fact that constipation has existed from early infancy. In these cases, gradual dilatation will usually effect a cure.

Neoplastic stricture. The rectum may be obstructed by a new growth inside of it or within its walls. These growths may be malignant or benign. Malignant growths obstruct the rectal caliber by protruding into it, but they also narrow it by a fibrous contraction of the walls of the gut. When malignant growths have once been established, total extirpation offers the only ground of hope for the patient and the stricture is always included in this.

Spasmodic stricture. Under this head two conditions have been described which are entirely dissimilar. In one there is stricture in which there is no organic change in the walls of the rectum. It consists in a spasmodic contraction of the muscles without any actual shortening. In the other a condition is described in which organic change and permanent constriction of the tube is produced through persistent spasmodic contraction, resulting in shortening and fibrous transformation of the muscular fibers involved. In this class of cases, forcible or gradual dilatation will usually give relief.

Under the head of inflammatory stricture, I will include strictures due to simple, tubercular, dysenteric and syphilitic inflammation. The simple type comprises diffuse inflammatory, cicatricial and peri-rectal strictures. Diffuse inflammatory strictures consist in an inflammatory or fibrous deposit beneath the mucous membrane.

In all inflammatory strictures, whether simple, tubercular or syphilitic, the process must involve the tissue beneath the mucosa. Ulceration of the mucosa or injury to the mucous membrane alone, will not produce a stricture, and for this reason it is rarely if ever caused by simple catarrhal diseases.

Cicatricial stricture, if we exclude those which follow surgical operations, is not of very frequent occurrence. Whenever the normal surface membrane is restored without intervening fibrous tissue, no cicatrix can be said to exist.

Phlegmonous and gangrenous ulceration, such as results from diffuse gangrenous peri-procitis, may result in a cicatricial stricture of the rectum. Operations in which considerable areas of the rectal tissue have been removed and healing by granulation takes place, will also cause a stricture, such as Whitehead's operation and excision or resection of the rectum.

Peri-rectal strictures are those which develop from conditions outside the rectum. Displacements, enlargements and tumors of the uterus, ovaries, bladder and prostate or other pelvic organs may cause obstruction in the rectum or sigmoid by pressure, but these are not true strictures. Tuttle reports one case of absolute occlusion of the rectal canal due to extrauterine pregnancy.

Local or general peritonitis may produce rectal stricture due to adhesive bands passing across the rectum.

Tubercular stricture of the rectum is denied by some; this is largely on account of the fact that tubercular ulcerations are so rarely primary and when they occur in persons who have already developed the disease, death usually results before healing takes place. The consensus of opinion of the best authorities is, that tuberculosis may result in the formation of true fibrous stricture of the rectum, without the ulcer having healed and that around every tubercular focus there is a fibrous wall tending to limit its extension. The fibrous deposit which causes the stricture is inflammatory, but that inflammation is caused by localized tuberculosis.

Syphilitic strictures. Experience and widened observation have established the fact that a large number of patients suffering from stricture have been the victims of syphilis, and it is now generally admitted that syphilis is one of the potent causes of stricture. Tuttle expressed his positive conviction that all syphilitic strictures are preceded by ulceration.

Microscopic examination of syphilitic stricture of the rectum shows that the condition consists in a chronic inflammatory deposit characterized by nodular or gummatous formations around the blood vessels, and distinct endarteritis. The fibrous development of the stricture itself differs in no other way from those strictures due to simple traumatism, and infective ulcerations of the rectum. There has been no histological examination of an ano-rectal syphiloma in its early stages, or if so, I have been unable to find a record of it, and Tuttle maintains that no stricture of this type has been seen by him in which the probability of previous ulceration of the rectal wall could be eliminated; and that all of his cases which had suffered from this condition were either ulcerated at the time of examination or gave a history of previous discharges of blood, mucous or pus from the rectum, showing the inflammatory nature of the process. It is my firm belief that the rectum and anus should be examined in the secondary and tertiary stages of syphilis to see if there is any evidence of ulceration, for many cases of syphilis develop a diarrhea and discharge of mucous during the secondary stage which are generally attributed to the mercuric remedies administered, when in fact, they may be the result of mucous patches or ulcerated process in the rectum itself.

Under the influence of mercury these symptoms disappear, the ulcers in the rectum heal and the patient supposes himself well. The

discontinuance of the treatment often results in the reestablishment of the pathological process in the submucous tissue along the arteries and veins in the shape of minute gummatous deposits around the vessels and muscular walls as a hypertrophy of the unstriped muscular and connective tissue fibers which lie between them. Here there are two distinct processes; one a specific involvement that extends in the line of the blood vessels, the other a purely inflammatory condition that extends in the line of the submucous, muscular and fibrous tissues. This submucous inflammation set up by the original ulcer and continued by hard fecal passages, and the presence of abnormal gummatous deposits is really the cause of the contracture and forms the true fibrous portion of the stricture.

Pathology. In studying the pathology of stricture there are several points to be observed; for changes will be found not only at the stricture itself, but both above and below and in the surrounding parts. A stricture which is not the direct result of a deposit of new material in the rectal wall, as in cancer, will be composed either of cicatricial tissue, such as is found in other parts of the body, or else hypertrophied connective tissue which is firm and dense, and creaks under the knife on section. All of the connective tissue in the rectum at the diseased point is increased in quantity and this accounts for the increased thickness of the rectal wall. The mucous membrane at the seat of the stricture will generally be found destroyed and replaced by granulation tissue on this fibrous base which bleeds easily when irritated. Above the stricture will be found a dilatation of the bowel and hypertrophy of the mucous membrane. Later the mucous membrane, due to irritation from retained feces, will show all the stages of ulceration, from simple congestion at some points to a complete destruction in others, and an exposure of the muscular tissue beneath.

The ulcerative process may extend for several inches up in the bowel. The wall of the bowel above the stricture may be as thin as paper in spots, and at such points perforation may take place. Kelsey reports two such cases. Abscesses are always liable to occur in the neighborhood of the stricture which accounts for the numerous cases of fistula in this disease.

Symptoms. These may be grouped under two heads; those due to ulceration and those due to mechanical obstruction. In most cases the signs of mechanical obstruction will be preceded by those of ulceration which caused it. The one positive sign of stricture is the obstruction. This may show itself in several ways; generally at first by alternate attacks of constipation and diarrhea. I do not lay much stress on the shape of the stools as a diagnostic point. A very close stricture may be located very high up in the rectum or sigmoid and feces may be reformed in the rectum below and be passed normal in size.

After a stricture has existed for some time we have intestinal ca-

tarrh followed by discharges of mucous and blood. These patients are troubled with more or less constant tenesmus, and a desire to empty the bowel that can not be gratified. The diagnosis can be made by digital examination or by the use of the anoscope or proctoscope and a good light.

A stricture should be examined with the greatest care and gentleness, and one must always remember that a diseased bowel may be easily ruptured. For that reason I do not favor the wales bougie for diagnostic purposes. If one is in doubt, I would favor giving the patient ether and make a careful exploration of the rectum high up, and in some cases an exploratory laparotomy may be necessary.

After the stricture has been located, it will often be found difficult to decide whether it is malignant or benign. By careful attention to the history, the nature of the affection can very often be determined. A microscopical examination of a section of the new growth will usually clear up the diagnosis.

Prognosis. So far as a cure is concerned, the prognosis in stricture is usually unfavorable unless the contraction is slight and situated near the anus and uncomplicated by grave constitutional disease.

Such cases are rarely seen by the surgeon on account of the condition not causing sufficient annoyance to cause the patient to seek medical aid. The surgeon cannot be too guarded in his prognosis and should inform patients that they may never be entirely well, but if they are willing to follow instructions for weeks, months or perhaps years, that their lives can certainly be prolonged; that they can be made comfortable and that an apparent cure can be effected in many cases where the after-treatment is persisted in for a sufficient length of time.

Treatment. The treatment of stricture of the rectum is generally surgical. If one believes the stricture is syphilitic, he may use an antisyphilitic line of treatment. The comfort of these sufferers may be increased by giving them principally liquid diet and keeping the bowels very loose. The bowels should move daily without straining if possible. A mild laxative will usually be found sufficient, such as rochelle salts or the various laxative mineral waters. The administration of an enema of warm water through a rectal tube will often give the patient great relief. The general health of these patients should be supported in every way by good tonics and codliver oil when it is well borne. The surgical means at our command are dilatation, internal proctotomy, external proctotomy, excision, colostomy and anastomosis around the stricture.

Dilatation either alone or in connection with incision is one of the most reliable agents for the treatment of stricture. The dilatation should be gradual stretching, not forcible divulsion. Nothing is productive of more evil than forcing a bougie through a stricture when the instrument is too large to be passed without pain and violence, and

no good is ever accomplished in this way. A size should be selected which will pass through the stricture without force, and one which may be left in place some time without pain. In this way absorption of the stricture tissue may be caused and result in great benefit. The introduction of an instrument that causes great pain, will soon cause so much irritation as to render its use impossible, but with gentleness and time most non-malignant strictures may be greatly benefitted.

Internal proctotomy is simply a division of the stricture tissue by an incision in the median line posteriorly; the cut being deep enough to completely divide all the fibrous tissue. I have never performed this operation and consider it very dangerous on account of the wound not having proper drainage, thus increasing the danger of infection.

The external or complete operation divides the stricture and all the tissues below to the anus and back to the coccyx, including the sphincters, thus allowing drainage and avoiding the dangers of septic peri-proctitis. This is my favorite operation for non-malignant stricture. Care should be taken to make the incision in the posterior median line well above the stricture. The after-treatment consists in irrigations, passing a bougie daily and packing a small strip of iodoform gauze loosely in the wound to cause healing from the bottom and to effect drainage.

Colostomy is applicable in that class of cases where the stricture is malignant or inoperable from any cause. The artificial anus should be established in the left inguinal region and it can be closed later, and the anus restored to its natural site, should the surgeon be able to perform excision successfully at a later time. A colostomy relieves the patient of the pain and difficulty of having an evacuation, and they often quickly regain strength.

Tuttle advised bold excision of the rectum above the point of stricture in cases of malignancy, and bring the rectum down and suture it to the anal margin, or should this not be possible make an anus in the sacral region; while this is a bold procedure and one not without danger, yet it is the one procedure that offers any hope to the patient, and I believe, after the condition is thoroughly explained, if the patient elects to have it done, that it is the duty of the surgeon to perform a complete excision, even to removing a portion of the neighboring organs, should they be involved in the growth.

Tuttle reported a case at the American Proctological Meeting in 1904 where it was necessary to remove the rectum and a large portion of the bladder, and the patient made an apparent recovery and was still alive and in good health four years after the operation.

Intestinal anastomosis around the stricture is applicable when the disease is high enough in the rectum to permit of making a lateral anastomosis between the gut, above and below. This is in many re-

spects an ideal treatment. The operation was originated by Baker and consists in forming a new channel around the stricture by folding the gut immediately above the constricted portion of the bowel down over the stricture and anastomosing with the rectum, just below the narrow part of the gut; then at a subsequent operation, clamping away the septum that has been formed by the rectal wall. This method has not been very extensively employed owing to the small number of strictures that are suitably located for it. Now as to the relative value of the different operations, no one method is entirely satisfactory. The dangers of sepsis and hemorrhage in internal proctotomy would contraindicate its use in most cases.

Complete proctotomy is less dangerous but has the disadvantage in resulting in prolonged ulceration and incontinence for an indefinite period, but in spite of this it is the least dangerous method for the radical cure of non-malignant strictures; but to obtain the best results from this operation, it must be followed by the use of the bougie indefinitely.

Many favorable results have been reported from excision of the rectum for non-malignant strictures, but in the hands of the best operators the immediate mortality is about 16 per cent. with recurrences in about 50 per cent. of the cases; yet in stricture due to malignant disease excision offers the only hope and should be resorted to as soon as a diagnosis is made.

MALIGNANT DISEASE OF THE RECTUM.*

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The solicitude entertained by the surgeon for his patient suffering with a malignant disease of the rectum in endeavoring to obtain for him the greatest comfort following operative intervention, has often brought to the surgeon severe experiences.

When we take into consideration that cancer of the rectum usually runs its course in two years, we feel the severity of the obligation that confronts us when dealing with this disease. It is a great satisfaction to the surgeon to be able to preserve the sphincter muscles in so severe an operation; it is, however, a greater satisfaction to know that the full extent of the cancerous growth has been removed.

In dealing with a cancerous involvement, we deal with a very doubtful and treacherous enemy, and it is to the advantage of both the surgeon and the patient that no leniency be shown when the attack is to be made with the scalpel.

I will not speak of the various operations practised, nor will I speak of cancerous conditions of the early stages when removal can be accomplished without much difficulty, with the resultant continuity of the bowel that closely approaches the normal. I wish to speak of the more desperate cases when the question of life prolongation and the feasibility of operating at all, is the paramount issue.

In my work when called upon to give relief in recurrence, I have often wondered why colostomy has met with so little favor in connection with excision of the rectum. Surely its advantages are many, whereas its disadvantages can be summoned up in the one great objection, and that is, of the patient having the bowel opening on his abdomen. That to me does not speak against the establishing of an inguinal opening when I can feel assured of the good that will result from it.

It is my practice now to establish an inguinal anus in all cases where the involvement is so extensive as to necessitate the resection of the coccyx, or, still more, a resection of a portion of the sacrum for the removal of the cancerous bowel. What reasons have I for favoring colostomy under such conditions? My first reason is this: the avoidance of septic trouble by direct contact of the wound by fecal matter. A second reason for doing so is to permanently direct the fecal current away from a once diseased portion of bowel. We probably regard this condition too lightly in our operations, but when we consider the irritating properties of the excrementitious matter, the frequency with which it passes, and the length of time it may remain in contact with

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this new tissue formation, we cannot wholly evade its possibility as a cause for recurrence.

As a third reason I wish to embody the objection of having the bowels locked up from ten to fourteen days, a routine invariably followed by most surgeons to prevent septic trouble by fecal contact with the wound. Such a prolonged costive state appears to be a serious matter, especially in a patient upon whose face is already pictured the cachexia of the disease from which he suffers. In speaking for the comfort of the patient I may mention another reason—that of wearing a truss or a pad for protection from the escape of fecal matter in cases where the newly formed anus is devoid of any control. I have found this to be a source of much inconvenience to most patients. When we take into consideration the ease and thoroughness with which an inguinal anus can be cleansed, it speaks rather in favor of an inguinal colostomy;—and here I desire to speak of another condition that may greatly add to the discomfort of the patient. It is absolutely necessary that the patency of the bowel be maintained. We know that when the whole circumference of the bowel has been removed, the risk of contraction in the scar tissue which replaces the mucous membrane is great. This contraction forms a most serious difficulty in the after-treatment, and is liable to lead to most unsatisfactory results. The more the connective tissue around the bowel is interfered with, the more profuse the suppuration and the longer the healing, the more marked will the contraction be. To obviate this risk patients must pass a bougie from time to time, and in some instances are compelled to wear a vulcanite tube. Such a tube usually must be worn soon after the operation (about a fortnight), and, except for taking it out when the bowels act, must be retained constantly for months, some patients having to wear it for the rest of their lives.

In two cases coming under my care the passing of the bougie or the wearing of a tube had become so painful that colostomy had to be resorted to.

I have spoken of the advantages of colostomy in connection of rectal excision for advanced circinomatous involvement; now let me speak of its disadvantages.

As stated above the chief objection seems to rest with the patient, i. e., the patient objecting to having an anus upon his abdomen. Much as the wish of the patient in operative procedures must be respected, when it comes to dealing with cancer and the question of life prolongation, the surgeon upon whom this responsibility rests should be the one to decide what is best for the patient. A patient of reasonable intelligence to whom his condition and the operation necessary has been made clear, will usually abide by the surgeon's suggestions. If he does not, it is a good deal safer (for the surgeon) not to operate at all.

An objection to a preliminary colostomy is that it causes loss of valuable time without compensating advantage. It would appear to

me that any patient suffering from cancer of the rectum whose tissue resistance had been reduced to such an extent by the disease so as to render a colostomy inadvisable, would certainly not be in a condition favorable for excision of the rectum.

Another objection is that a colostomy would sap the patient's strength, thereby diminishing his power of standing the more severe operation.

There are conditions arising in cancerous growths of the bowel that almost occlude its lumen, making a thorough evacuation not only impossible but very painful. Such a condition demands a restricted diet, which entails an additional impairment of the patient's vital forces. Does it not seem logical that a daily evacuation such as can be had through an anus praeternaturalis with a liberal partaking of food would be more conducive to getting a patient into a reasonably good condition for operation, than with a restricted diet and a stenotic bowel loaded with fecal matter that can only be removed with much difficulty?

Another disadvantage is claimed by some operators that a colostomy fixes the bowel above, interfering with its mobility, thus preventing it from being efficiently pulled down at the second operation. It is here where I feel that the distinct advantage of a colostomy should be sought.

In an operative intervention necessitating an excision so high as to require the loosening of the sigmoid, the chances for obtaining a happy issue are so remote that it is only in the selected and the most favorable cases that the operation will prove successful. We know of the frequent failures that attend the bringing down of the cut edges of the rectum, and to stitch them in situ around the anus or to the portion of bowel not excised immediately above the sphincter. It seems almost useless, as the sutures are certain to cut their way out, entailing the serious risk of the discharges infecting the wound. We are only too often disappointed in the advantage which suturing the bowel would give in preventing subsequent contraction.

In conclusion I wish to state that much of the success of rectal excision in the advanced stage of cancer depends upon the effectiveness of the measure embodied in the technique to prevent sepsis and I believe that the interest of the patient will be best served by establishing a permanent inguinal anus in connection with excision of the rectum.

The last fourteen cases have given me much encouragement with this combined method. I can say that these patients recovered more promptly and more satisfactorily, and since their recovery have suffered less pain and enjoyed greater comfort than the patients in whom no permanent inguinal anus was established. I can furthermore say that the lives of most of these patients have been prolonged and that operations for relapse have been comparatively few.

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DISCUSSION.

Dr. E. H. Thrailkill, of Kansas City: As a rule physicians do not examine rectal cases carefully. Just recently I had a patient with a stricture who had been treated by two physicians without an examination. This stricture was the result of a Whitehead operation for hemorrhoids. I am opposed to this operation in most cases on account of the liability of subsequent stricture.

It requires a long time to cure an inflammatory stricture of the rectum. The patient becomes discouraged and tired of coming for treatment. If we could collect our fee in advance the chances for a cure would be more certain, for then they would come more regularly and more often. If the stricture is within three inches of the anus, much can be done with the fingers and the speculum. If above three inches, it is quite a dangerous procedure to attempt to dilate with instruments owing to the proximity of the peritoneal cavity. In the latter variety I usually perform a posterior linear proctotomy, cutting through both sphincters; I do not fear incontinence, for the incision is parallel with the fibers of the external sphincter, which are attached to the coccyx. I see to it that no pockets are left for the lodgement of fecal crumbs or pus.

In neoplastic strictures, if seen early, I remove through the anus, or do the combined (high amputation) operation. If the growth is very large, with glandular involvement, I do a left inguinal colostomy. I have had two cases recently with complete occlusion and no movement of the bowels for a week. In these cases it was necessary to do a colostomy. I do not recommend this operation where the growth can be extirpated.

Dr. W. H. Coffey, of Kansas City: We know that every true stricture has scar tissue, and it seems to me that it would be a rather difficult matter to dilate scar tissue. I believe about the only thing we can do for stricture of the rectum is to bring it down and excise it. This can be done, providing the stricture is not located too high. We generally find it about an inch or one and one-half inches above the anus. This being the case, we have nothing to fear, provided the peritoneum does not dip down low enough to come below the stricture. The stricture being below where the peritoneum dips down, we can very easily dissect it loose. Excise all scar tissue and suture the healthy bowel to the anus. Now, that is a simple surgical operation providing we do not interfere with the peritoneum. We do sometimes have spasmodic strictures that are oftentimes taken for true strictures. We pass our fingers or instruments against an obstruction; if it is a true stricture it will not relax; continue the pressure for a short time and if relaxation takes place we know we have only a spasmodic stricture to deal with.

Dr. C. F. Roberts of Kansas City: These papers are too good to

allow them to go by without more consideration. I was much interested in the paper on stricture of the rectum, owing to the fact that I have to make examinations through rectum in my work more than men in some other lines of work. I can agree with the doctor in regard to the frequency of syphilis as a cause of strictures, tuberculosis of course being the next most frequent cause; but I think in these cases, as in stricture of the urethra, that probably any continued inflammatory process will produce cicatrization of the tissue. Now, it may be that the essayist will claim that you cannot have gonorrhea of the rectum, but I have seen two cases in the last four years that I am satisfied were true gonorrheal. The men were each under my care for gonorrhea. One of them had piles, and he infected his rectum while treating his piles; and I never saw a more marked case of stricture of the rectum than this man had. He was confined to his bed for ten weeks during the active stage of his trouble. This man passed a great amount of pus from the rectum. He changed his residence to St. Louis, but returned about 28 months after he had left our city, and came for me to examine him to see if there were any bad results of his old gonorrhea. I passed a sound into the bladder, and then began to make an examination of the prostate gland. When my finger entered the sphincter, I came up against something I could not get through. The man was much emaciated, and in fact, I hardly recognized him. I made a further examination, and found one of the most rigid strictures that I ever found in the rectum, and I believe that in this case it was due to the inflammatory process produced by the gonorrhea. The other case was a stricture something the same as this one and I think due to the same cause.

Dr. Stauffer of St. Louis: Some one has said that more cases of stricture of the rectum are reported than observed. This lends some reason to the fact that many reports are given after making a superficial examination. I wish to emphasize especially the importance of a proper examination with the anoscope or proctoscope, without attempting to pass a bougie or finger, however clean either may be. The importance of doing any operative work about those parts in such a manner as to sacrifice as little tissue as possible, can scarcely be over-estimated. This is so in other parts of the body with cicatricial tissue predisposed to strictural or malignant growths. It is so without a shadow of a doubt in cancer of the pyloric end of the stomach, in cancerous conditions of the cervix; and why not the same argument in the rectum? Post mortem evidences in those cases are of little value because at the time of post mortem, the cicatricial tissue is replaced by a large amount of ulceration. When you take into consideration the fact that at least 80 per cent. of the malignant growths of the intestinal tract are found about the rectum, the importance of this is especially evident. I have found that operations involving great sacrifice of tissue, and where the cautery is used too extensively, are the ones that are most likely to produce cicatricial tissue.

One of the gentlemen said he would never do a Whitehead. I think that is possibly going too far, because we do find conditions in which this operation is the only one applicable.

Another reason why we have stricture and malignant growths is the fact that our cases are not carefully followed up after every operative procedure, whatever it may be. Ulcerations that eventually produce strictures and carcinomatous growths, could be avoided in 99 per cent. of the cases, if the cases were carefully followed. In my work at the Missouri Pacific hospital in the last few years, I have found a good many cases of syphilitic stricture, and they have all been from the country. As to the dilatation of the rectum, I would like to enter a portest against the extensive dilatation of the sphincter before any operation. Any undue violence to any part of the body predisposes to infection, or tissue unrest, which is only another term for inflammation. Any great dilatation preparatory to an operation produces a congested condition. Recently I have had a number of cases of hemorrhoids that could be traced to a certain physician who has been dilating first, last and all the time. In cases that come to me from that man now, I almost invariably do the Whitehead operation. There is no need of trying to make a major operation when a minor one will do, and conservative surgery in this part of the body is especially to be commended.

Dr. McGill in closing: I want to say, in regard to the Whitehead operation, that personally I do not favor that operation, for the reason that we have easier methods for the relief or cure of hemorrhoids than that advocated by Whitehead. In regard to nine-tenths of the cases of stricture being caused by piles, I will simply say that does not coincide with my experience, nor the experience of the best surgeons that I have read of and talked to in regard to this condition. It is a well known fact that hemorrhoids may cause stricture. The promiscuous dilatation of the rectum in all cases of stricture might produce great harm. The doctor has been very fortunate in his cases, in that he has had no bad results. I would not attempt such a thing on a great many of the cases that I have seen and the few cases that I have operated on for this condition. Where the stricture is high up, or say above two and one-half inches from the anal margin, I would consider forcible dilatation rather dangerous treatment.

One of the doctors said it was a wise plan to get your fee in advance from these patients. Many of these patients will stop coming to you long before they should if they feel that each treatment is to cost them more money. My rule is to charge a stipulated amount for the work. Another thing, I tell the patient he will have to have a bougie passed, and that it is necessary to keep the parts clean until healed. This may necessitate his coming for quite a number of months. I have one patient who has been making regular visits to my office for seven months, and he may have to come for two months longer. We never get too

much for these cases. It is a class of work that none of us seek for, but it is up to the profession to do the best they can.

That fistula is caused by the stricture is the rule in the majority of these cases, has been my experience. I attribute that to the straining which produces a thrombotic hemorrhoid, and this being neglected, the result is a marginal or ischiorectal abscess, and that being neglected forms a fistulous tract.

As to stricture being caused by gonorrhea, I believe that Gant reported a case of this kind several years ago, and it is a well known fact that patients do suffer from gonorrhea of the rectum; I do not know why it would not cause stricture of the rectum, if there was enough trouble at that point. I have not had a case of stricture of the rectum that I could attribute directly to gonorrhea.

Just a word on the paper on malignant disease of the rectum. I believe that is a class of diseases in which we should pay considerable attention to our patient's wishes in the matter. Malignant disease of the rectum is a very serious thing. A patient cannot live long unless we succeed in removing the entire growth; and sometimes cases that we consider inoperable are given relief for a number of years by excision of the rectum. I believe the condition should be explained carefully to the patients and their friends. The great mortality should be explained to them, and then they should be allowed to choose whether or not they wish to take the chances of excision of the rectum. Tuttle has probably had better results in the operation of excision for cancer, and he says positively that he never denies his patient the operation if the patient so elects. And I believe it is the duty of every surgeon, if he sees that there is a reasonable chance at all for doing the patient any good, to go ahead, if the patients elects to take the chances. Colostomy at best does not give the patient very much hope. They know it is only a matter of a short time that they can live in this condition, and an excision at least gives a patient hope for a short time, and in many cases they may have relief from the condition for a number of years.

Dr. Reder, in closing: I fear Dr. McGill has misinterpreted my idea with regard to what I said about establishing an artificial anus in connection with the excision of the bowel (rectum). I rather expected to be censured to some extent for so emphatic a statement. There are very few authorities that advise the construction of a permanent anus in connection with so serious an operation. I can say that in the last fourteen cases I have been able to afford much relief and I believe prolong life in the establishing of a permanent anus. Secondary operations become less frequent.

SOMETHING OF WHAT WE HAVE, AND WHAT WE SHOULD HAVE, OF MEDICAL LAW GOVERNING THE PRACTICE OF MEDICINE.*

BY C. B. HARDIN M. D., KANSAS CITY, MO.

It is obvious that our subject can be dealt with in a general or local sense; that is, international, national, state, county or municipal. Our time is too short to deal in minutae, and the appended pages shall be devoted to more or less general considerations, applicable to the entire profession of medicine. All medical legislation, may it be assumed, should be the direct or indirect product of medical men, at their dictation or at least by their advice.

It can reasonably be inferred that medical laws, whether state or national, should rest in justification, and their rights to have become laws, upon the foundation of medical ethics. Hence, the national body, the American Medical Association, except in a local or unimportant sense, should form, govern and direct the medical laws of our United States. To this body should we look for suggestions, modifications and amendments affecting the practice of medicine in a general manner; and which should not be infracted by any state, county or municipal law, act or ordinance.

In a more restricted sense, each state should, as it does, exercise the right to enact medical laws peculiarly fitting to its location and other more or less individual condition. As in civil government, so in the medical, each state, county, and, may we say also municipality, the latter by ordinance, should, as above indicated, be privileged to enact law or laws which do not infract those of the national association.

The parentage, therefore, of all general medical legislation, in point of justice, is traceable, or should be, to the American Medical Association. It should be the hub of inquiry, and the hub of delegated privileges, to lesser organizations of our entire country.

In attempts at medical reform or improvements of existing rules governing medical men, where their application affects the whole profession, its influence and approval should be sought.

You could do but little in seeking to pass or modify a law, fitting in character and application to all the states, by an appeal to a lesser organization than the national body. This idea does not preclude individual, municipal, county or state assistance in preparing the steps to be taken, but suggests only that the *edicts* for reform and progress should go to the halls of congress, if they be of national character, as the voice of the national body of American physicians.

As the national association, so the state, to which, in a general

*Read at the Fiftieth Annual Meeting of the Missouri State Medical Association, Jefferson City, May, 1907.

sense, it is subsidiary, and the same logic applies to the state medical law, as we have briefly attempted to show you, with reference to the national. For instance, all medical law, peculiarly state laws, as to their dictation, framing, etc., and the modification, if of any moment, should originate in, or at least be the product of, the state association, brought before this body by delegated committees having authority over such matters, and from thence proceed to the legislative halls for passage; this affords a *cis a tergo* which cannot be elsewhere obtained.

In the nature of legislative enactments all steps taken, however, either by the national or state bodies, can be only as suggestions or recommendations to the law-making powers in which rests the destiny of any measure or measures presented to them.

If the medical profession were united in effort and in interest, a recommendation from it, if properly arranged and presented, should go far towards insuring the desired legislation.

We think, therefore, that a disunited, factional medical condition, which obtains in our states to a large extent, has much to do in defeating the efforts of medical legislation.

It is certainly an adequate cause to render any request of the legislature of uncertain disposition and destiny by that body.

A lesson for us to learn, it would seem, is, instead of accusing the legislature of being corrupt and in every sense anticipating it and spending so much time and money in bringing to bear political and financial influence on the legislative powers, thus evidencing our incredulity of their fairness and sincerity, and the trust reposed in them, to unify, purify and fortify our forces and their attempted efforts; we believe a greater measure of success would then attend such efforts, and more speedily.

As it is and has been we declare more or less openly that it is necessary to use money, strategy, cunning and everything else but a gun, in our attempts to obtain medical legislation at their hands, which by no means compliments those whose suffrages and influence we seek. Should it require such species of subterfuge to enact needed medical legislation? We should send different representatives to congress and to the legislature, thus purifying the fabric of legislative powers morally and politically.

In assuming that such stringent vigilence is necessary, and, in a sense, forms of what might be denominated legitimate bribery to the consummation of these ends and efforts, it would and does invite and foster the growth of pernicious and despicable elements in the personal character of our law-making powers. The several states, largely for purposes of convenience, have seen fit to delegate certain divisions of medical work to organized boards of health, empowered with a certain degree of authority. Our state board was thus organized in 1883, having first met in the city of Jefferson in that year.

Two of the most conspicuous and important duties of our state

board are its licensing and revoking power to practice medicine in the state, and its superintendency over infectious diseases. In its formation, as perhaps originally intended, it is shorn of all judicial authority.

Its rights are hence administrative and suggestive in character, therefore its scope of authority and powers are scarcely more than those of an information bureau; in some particulars, we should say accusative in nature, not very unlike the duties imposed on our official body called the Grand Jury.

For infractions of its laws it is totally bereft of judicial enforcement of commensurate penalties. Should the accused be contentious and refuse to obey its dictates, in case of a felony, misdemeanor, etc., it is as helpless as an infant to do more than refer these matters to some department of the criminal court. If it could be done it might be well to confer upon this now largely effeminate body, some form of judicial authority; for instance, of the state board, the state attorney constituting a member thereof; of the county, the prosecuting attorney; and of municipal, the police judge. In this manner its decisions and trials would be in a measure final and more expeditiously performed. It has borne an almost absurd legal relation in its license revoking power.

From the inception of the formation of the Board of Health, or nearly so, it has admitted applicants to practice medicine in the state on varying conditions and requirements as the law has changed, all the while with a kind of so-called revoking privilege which hitherto in a very large measure has proven to be an empty complement. The state board has done considerable very commendable work and has tried to do more. Though as before indicated, its revoking power is not, nor has it been, commensurate with its licensing privileges (the cause has been designated, we think, in the foregoing pages).

In our state since, March 12th, 1901, applicants have been required only to pass an examination conducted by the state board, with or without a diploma. This was the law, except in two particulars, until the sitting of the last general assembly. March 21, 1903, the law was amended, not rendering it compulsory for those to undergo an examination who matriculated in some recognized medical college on or prior to March 12, 1901. April 10, 1905, an amendment again was passed, allowing the state board to admit to practice legally qualified practitioners from other states, with equal requirements to the state of Missouri, thus originating a becoming medical reciprocity.

Two bills have been presented to the 44th general assembly by the state Board of Health. Senate Bill No. 124 creates local boards of health throughout the state with specific authority over the spread of infectious diseases, thus perfecting vital and mortuary statistics throughout the state or affording an opportunity for so doing.

Senate Bill No. 123, consists of two amendments to House Bill No. 137, session acts of 1901.

One demands a higher preliminary education and a graduate of a school requiring a four years attendance before applying to the board for license. Nearly all of our states have such requirements: and is only the minimum of that of the American Medical Association. Applicants whose graduation antedates March 12, 1901, must have received a diploma from a medical college which required two years for graduation. The last general assembly passed favorably on this and also the following, rendering such a part of the requirements to practice in our state. The passage of the pure food Law. A measure relative to criminal abortion, constituting it a felony, instead of a misdemeanor: a more liberal financial allowance to the state board, to more effectually and speedily carry forward its beneficent work.

May I say in this connection, we must as a profession seek larger appropriations for the building and support of state eleemosynary institutions for the insane, indigent poor, epileptics, the aged, etc., and which we also would urge should be absolutely under the control of medical authority and supervision, and not partly so as at present. The great argument for this control by the profession is that the proper care of these unfortunates, their separation from the well, etc., would act as a great preventive in the propagation and production of these unfortunates, and in this largely rests our hope of the ideal management of these cases.

Hitherto and even at present this department has not been under medical control, and financial appropriations have been exceedingly inadequate to meet needed and crying demands in these supremely important and humane matters.

Thus the recognition of medical needs by the last general assembly is epochal and to be highly commended for its unusual liberality shown the profession; yet it should only encourage us in the belief that it is but the opening wedge of the reform entering the great reeking mass of medical corruption and parasitism, to be found even in our own great state of Missouri.

Reciprocity between the states of equal requirements should be encouraged, and the national association could well contend for an exaction of such a law on the basis that the whole is greater than any of its parts. Where a state such as Oklahoma, for instance, fails to recognize reciprocity at all, suspicion could easily be entertained of its unfairness and, in a sense, injustice.

Again, it would seem fitting to pass a law requiring every registered physician in the state to maintain continued membership in his county society so long as he desired to remain in the active professional ranks. This would not impose upon him a peculiar injustice nor could it, we think, be construed sumptuary in character. On the other hand it would be the best obtainable and living evidence of fitness for professional recognition and professional respect. Infractions of every species of ethics could be more easily detected and penalties more speed-

ily administered. To impose this taxation on members of the profession could be construed as an annual moral license, much like its analogue in the business world to run a wagon, poll tax, etc., and under peculiar conditions as in other matters, such taxation (in its financial bearing) could and should be remitted.

Several other bills were presented, though not favorably acted upon, as the one relative to patent and proprietary medicines, the Newberry bill relative to druggists filling prescriptions containing a certain amount of alcohol, the embalming of bodies dying from infectious diseases, etc.

Thus, the medical law of Missouri, in a practical sense, is embodied in the duties assumed by the State Board of Health.

In a more local interpretation an expression of the law can be found in the duties delegated the county boards, consisting of the county court judges and an appointed physician by that body, and in a yet more local sense the work is conducted and extended by the municipal or city boards of health, a very conspicuous element of this latter organization being the enforcement of all hygienic or sanitary laws of the city and two miles beyond its limits, notwithstanding it, as the county board, is only a branch and an extension of the duties of the state board.

Appointive positions on the state board should be shorn of politics and political influence, and one seeking to become a member by the aid of political influence should be regarded as disqualified to become a member of the state board. Again, the candidate should be required to furnish the governor with credentials from his county medical society or better still from the association of the state in which he resides, endorsing him as a fit and competent subject for membership.

The duties of the state board are such, when fully performed, as should require its members to be representative in character, morally and professionally.

The expediency of dividing the duties of the State Board of Health has occurred to us, at least as a question, thus creating what might be called a sanitary board having to do with the enforcement of all laws of sanitation as applied to the promotion of health and restriction of the spread of infectious diseases, etc., and another whose duties would lie in the direction of the proper registration of physicians, granting licenses to practice to graduates and licentiates, with also revoking powers, for infractions of medical laws, etc. We would suggest, also, that each member of said boards should receive financial compensation for services commensurate with the work performed and the responsibility of the position held.

In speaking so much of medical law, we desire to impress upon you our full recognition of its powers and limitations. You cannot make a man good by law, and the function of all law lies in the direction of restraining vice and the distribution of justice; and in these ways performs its highest office.

For a moment, may we allude to what can and has been done in our large cities where most of crime is committed, by local boards of health. We wish to refer, in this regard, to the achieved victories in St. Louis very recently under the superb guidance of our state secretary, Dr. Nicholson, aided in counsel by the very able legal representative of the St. Louis Medical Society, Mr. Barth.

Prohibitive steps have been successfully taken against some of the more conspicuous species of flagrant quackery in that city, as the publication of obscene literature, corporation practice of medicine, criminal abortion, etc. The state should feel proud and grateful to these gentlemen for the local work thus far accomplished and much more hopefully attempted.

It has always seemed inexplicably strange to us why the law could not suppress criminal therapeutic suggestions in the publication of which our papers, lay and even religious, abound. We cannot remember a period in the past when the papers all over our country did not have in their columns therapeutic suggestions for women to become regular without pain, describing and assuring the certainty of the vaunted remedy and the ease of its action. This would seem an enduring opprobrium on the horizon of our civilization to have ever allowed this species of published matter to circulate, much less its apparently unopposed continuance. It has made no effort, so far as known, for want of opposition we take it, to conceal its most malignant intention and design.

If we have no law on the statute books of which this species of accessory crime is an infraction our most impending duty as well as most important one, it would seem, would be to put one thereon and speedily make it operative.

Again, it seems something could be done against corporation practice, which in reality is no practice at all, only pretense. The right delegated to a set of mostly incompetents to thus infringe upon the legitimate practice of medicine, being derived from the state, precludes individual or even society interference, and we are somewhat at a loss to know what particular statute grants such privilege, unless it should come under the caption of the law regulating business and manufactures. At any rate, we need the enactment of a new law or an amendment to an existing one to reach and prevent such nefarious infractions on the rights of men.

This idea introduces another broken link in the chain of medical legislation, viz., a definition of the practice of medicine, or rather the want of such. To define what constitutes the practice of medicine in its legal bearing has very largely been referred to judges and juries. This knowledge would be of essential importance in any attempt to attack the various sects, largely psychic in character, which have always existed and thrived in our country.

The recent additions, and those also growing to startling propor-

tions, of these strange orders, make a serious consideration along prohibitive lines of paramount importance. We regard this apparently small duty as one of the most urgent needs in the domain of forensic medicine.

In our efforts to effect medical legislation it should not be a part of it to designate to the people to whom they should extend patronage, when such individuals are sane, have reached the age of discretion, and when their choosing in no way trespasses upon the rights and welfare of others.

Perhaps one of the most conspicuous weaknesses of the law has been to meet adequately the demands to best control the spread of infectious and contagious diseases. Manifestly, to insure the greatest safety to the people in this regard, the methods to adequately meet such would incur irrepressible opposition in sentiment and convenience, temporarily, at least.

We have particular reference to the difficulty if not impossibility of enforcing the safest laws toward the management of such infections as tuberculosis. The great prevalence of this disease in the United States and the long undisturbed liberties allowed its victims would render such demands as registration, placarding their houses, and strict personal sanitary observances, of questionable accomplishment, particularly speedy accomplishment. Its great preventive importance, as we see it, as an aid in relieving those afflicted and protecting others not yet victims, will impel the medical profession, and that soon, to frame suitable laws along these lines and insist upon their rigid enforcement. Most other infections are more or less under legal control, and hence do not stand in such urgent relation to medico-legal attention.

We would again hint at the apparent necessity, and may we say, to us the real necessity, of encouraging the people of our country to a more sanitary disposal of the dead, than that of interment. For reasons obvious to sanitarians, the sentimental barrier to the more hygienic forms, such as cremation, etc., should most probably be removed and the means to be employed to effect such removal must be largely, if not wholly, suggested by the profession of medicine. Optional patronage of the crematory in our country is exceedingly limited and its growth without more or less urgent agitation and stimulation upon the part of the profession, will be very slow and discouraging. Therefore some wise and conclusive legislation to meet sanitary demands in this particular might be opportune, especially of the disposition of the bodies of those dying of infectious diseases.

This incomplete and very fragmentary series of suggestions we trust may meet the purpose we had in view, namely, to offer a slight stimulus to the framing and modifications from time to time of laws medical, assuring us the greatest amount of safety and the least infringement on personal and associate rights.

THE ATTITUDE OF THE PUBLIC TOWARD THE DOCTOR.*

BY H. S. CRAWFORD, M. D., HARRISONVILLE, MO.

The word "Doctor" originated from the Latin word, *docere*, meaning a teacher, or lecturer, one who in ancient times taught or lectured in public upon philosophical subjects. About the twelfth century it began to be used as a title of honor conferred upon persons of great learning, and later the academies and universities were given the right to confer the doctor's degree. The conferring of this title or degree was usually in public, and with great ceremony. It was also customary to test the ability of the candidate by an examination or thesis upon the subject to which the degree particularly belonged. It was not until about the fourteenth century that the degree "Doctor of Medicine" began to be conferred. I gather from what literature I have read upon this subject that the men who bore this title were especially learned in the distinct profession they followed. It occurs to me that in this modern era this honorable title has lost much of its ancient degree of excellence. The promiscuous appropriation of the title "Doctor" has reached such a stage in this country that the public does not have a true conception of the relative standing of the men who bear the title. It is to be regretted that we have schools in some of our large cities conferring the degree of "Doctor of Optics," "Doctor of Osteopathy," etc., much to the confusion of the public mind. It has become a common custom for the travelling venders of patent medicine to appropriate the title of "Doctor" and thus mislead the people, thereby gaining prestige for the sale of their fraudulent preparations. Nurses and midwives too frequently prefix the title "Doctor" to their names, which they do not merit. We have the quacks, who call themselves "herb doctors," "cancer doctors," "bone doctors," "corn doctors," "Indian doctors," "pile doctors," etc. The public, as a generality, rate them as skilled specialists, and are unable to penetrate the disguise of these imposters, hence do not appreciate the wide difference between the regularly licensed physician and the quack; thus the dignity and standing of our profession is lowered.

There are other quacks who attend some recognized medical college, are granted diplomas, obtain state licenses, then enter into advertising and unethical quackery. Statistics show that the medical profession is already over-crowded, and yet we find all kinds of inducements held out by medical colleges to obtain students. Degrees are conferred upon incompetent and insincere graduates who go out and bring disgrace upon themselves and the profession. Competition is so great that unqualified men are unable to succeed, and in order to

*Read at the Fiftieth Annual Meeting of the Missouri State Medical Association, Jefferson City, May, 1907.

eke out an existence soon enter the field of the faker. I have been astonished several times recently to find men with diplomas from some of our best medical colleges, and with state licenses, traveling over the country giving side shows, selling soap, perfume, etc., advertising free consultations, guaranteeing cures; and swindling the public generally, usually leaving that immediate locality between two days. Such things as these are greatly to be deplored. Such men should be deprived of their legalized right to piratism. The public press of this country occupies a questionable attitude toward the medical profession. Not only is this true of the daily and weekly newspapers, the periodicals and religious papers, but also of a great number of medical journals. The columns of these papers are filled with glaring advertisements of quacks and patent nostrums. I have counted in one issue of one of the most prominent dailies of the State of Missouri as high as thirty-five advertisements of quack doctors and patent nostrums. Such fake articles as "appendicitis cured without the knife," "A treatise upon piles and fistual, free upon application," "Dr. ——— Women Specialist," "Dr. ——— the Old Reliable." These and many others too numerous to mention are familiar to every reader of our daily papers. These great public educators, for the greed of the almighty dollar, are thus scattering broadcast literature upon poisonous dope and human vultures that makes drug-fiends and drunkards of the people, entangling them in the snares of the "get-rich-quick" schemes, thieves and abortionists. The title "Doctor" does not mean anything any more. The curb-stone quack, who with his box of patent pills, and bottle of alcoholic bitters, glibly harangues a curious crowd with his wonderful cure and ridicules the medical profession, is just as competent in the eyes of the average citizen as the educated physician with a diploma and State license hung conspicuously in his office. It is almost impossible to secure a jury that will convict one of these fellows as the average juryman thinks the quack has just as good right to practice as the man who has spent from four to eight years preparing himself for his profession. Until recently the doctor was much more highly esteemed by the public.

What, then, we ask, is the cause of the downfall? The following reasons are suggested as being largely responsible for such conditions: First, the lack of organization in the past has fostered strife and contention among the members of the medical profession. The bickerings and quarrels between local competitors, which we all know existed previous to the active campaign for organization during the last few years, served to lower us in the estimation of the public. Second; there are too many medical colleges in existence at the present time. Also too much jealousy and competition among them, in order to obtain matriculants and turn out graduates. The result is that incompetent and unworthy persons are granted degrees that they do not deserve, thereby lowering the standard of the profession. The medical

colleges should have the power to revoke the diplomas of such men. Third; the various county medical associations are not active enough in ferreting out and punishing the violators of the medical laws. This is especially true of the counties in which the large cities are located; they are filled with quacks who advertise fearlessly, and make frequent excursions out to the rural districts where it is easy to find victims. Fourth: our medical laws are too lax, and more stringent legislation is necessary to correct some of the existing evils. It is to be regretted that the State of Missouri authorizes men to practice medicine who never saw a medical college.*

The correction of these evils lies largely within the medical profession. Organization must be pushed: better laws should be enacted: state boards of health, should be removed from politics. Violators of medical and pure food laws should be prosecuted. Medical colleges must be combined, and the requirements for graduation made more stringent. The education of the people along the lines of ethical medicine by the county societies is neglected. I heartily endorse the editorial in the February number of our Journal regarding public meetings once a year of the county and district Society and lectures to teachers and pupils in the public school along the lines of public health and hygiene. Greater freedom and information regarding the attitude of the doctor toward the public health of the country will not fail to give the public a higher impression of the great and noble efforts of the medical profession and a proper attitude towards the doctor.

DISCUSSION.

Dr. Punton, Kansas City: Dr. Hardin deserves much credit for bringing before this society a subject that is not palatable to most physicians, i. e., the mixture of politics and medicine, but I have come to think that they are a very compatible mixture and the less we mix these two the less likely are we to get the legislation we require. It requires peculiar men in our profession to handle political questions satisfactorily. Certain men are thoroughly qualified to handle this side of medicine, others are not, and for that reason I am in favor of having more such papers as Dr. Hardin has read. The State Board of Health is exceedingly limited in power and if the physicians of the state could realize how it is handicapped they might exert more influence than they do in bringing about the enactment of laws that we need. The laws are exceedingly inadequate and to get what we need the matter must be in competent hands; and there are very few doctors who are ready and able to take up these matters and handle them for the profession. The time has come when we can well afford to con-

*[The new medical practice act, which became effective after this paper was read, requires a diploma from a reputable college of four years course, and a high school certificate or its equivalent, before commencing the study of medicine, ere an applicant may take the examination for a license to practice medicine in Missouri.—Editor.]

sider medico-politico matters in a business-like way, just as we consider other questions.

Dr. Frank De Vilbiss, Eugene: I compliment the authors of both papers but wish to speak especially of the first, Dr. Hardin's paper. The doctor covers the subjects on which there is needed legislation but it is impossible to get at all these things in one session of the legislature. There is another difficulty which the legislature comes up against which is that many of these bills are imperfectly drafted. Now the medical practice act of 1901, the Hall medical bill of which we were so proud, was so worded that when the State Board of Health revoked a certificate the man could go on practicing, provided he had received his license before 1901. The average attorney cannot draft these bills so that they will cover every point, nothing being left uncovered. There are so many important points to be covered that it is necessary that a bill be drafted perfectly. In regard to the powers of the State Board of Health, we know they are very limited but the average legislator says they are the lords of the universe and that they can absolutely stop business when they will. This being true, in order to obtain desired medical legislation, it is necessary to consider it from the viewpoint of the average legislator as well as from the viewpoint of the doctor, and have the proposed bill properly drafted.

Dr. B. H. Zwart, Kansas City: While I commend the work done by our legislative committee, I want particularly to refer to that part of the paper which advocated national legislation. The medical profession of the United States is attempting to work in harmony not only in forty-five states but in I do not know how many counties, and to be effective it must be united. When we secure national legislation we will have that which will do most good to the public at large. We must have a head and that head must be a cabinet position. Let us work as a national rather than a local society. Let our state society be an example to other states that we may encourage them.

Dr. T. L. Bradley, Warrensburg: The papers are good, but we read such papers every session and yet we do not take any decided action. We need such laws but we have not recommended anything. If it were taken up at each session and one law or set of laws endorsed by the society, it would have weight. The members of the medical profession are to blame more than any one else for the conditions that exist. The legislators do not know what we want, as a body, and it should be presented to them signed by our society as a body; and they would not so readily be frightened because some man says it is dangerous.

Dr. R. O. Crawford, Eldorado Springs: When you have a quack in your neighborhood all you need to do is to go after him and sooner or later he will leave the country.

Physicians are always afraid it will be said of them that it was jealousy that prompted their action; but let the people talk,—they have to be educated. If every member who loves the profession will make a determined stand for the enforcement of the law governing the practice

of medicine, quackery will fade as the mist before the dawn.

Let the State Board of Health understand that you are back of them in every move they make to uphold the profession; and when a quack is brought to trial before the courts or the Board, refuse to be used in any way, but demand a life that is in harmony with the profession.

We must clean our own house or become infected. The law-enforcing doctor is a disease that is fatal to the quack.

Dr. William Frick, Kansas City: This subject should be agitated. If it is not agitated we will not come to any agreement on what we want. If we get what Dr. Hardin speaks of we will get the relief that Dr. Crawford speaks of. Our organization is right along the line for the first work.

Dr. J. T. Anderson, Warrensburg: I do not believe that legislation can elevate the profession in the eyes of the people. It remains with us to bring our standing up. The standing of the county and state medical societies is no higher than the men who compose them. If they are composed of grafters, egoists and commercialists, you cannot make the people believe that we are saints and humanitarians.

Dr. H. M. Lyle, Kansas City: The medical profession will never accomplish anything until it gets rid of quackery. In Kansas City we have a great set of quacks and I know of physicians in Kansas City who are working with them right along; and these same physicians are members of the state association. Men who are working with these quacks should not be working with the state society; you cannot serve two masters at the same time.

Dr. Hardin, in closing: I prepared my paper before the completion of the work of the last assembly, so that a fractional part of the paper will not quite fit our laws at the present time. But in the main the paper is correct. I feel deeply that medical law and its rigid enforcement is necessary. I do not think any one but a doctor should govern medical institutions and I do not think anybody but a doctor knows how to do it. In our county we have been trying to eliminate politics from our medical societies. If a man wants to be elected to office in the county society and tries to get in by pulling political strings, he brings about, as he should, his own defeat. We are a part of a great profession and every infraction of law ought to be visited by commensurate punishment; the hope of the profession today is that every man who infracts the moral law must pay the penalty inevitably and fully.

Dr. Crawford, in closing: I want to call attention to the fact that the last legislature enacted enough laws which, if enforced, will put every quack out of existence. The great trouble with the law is the lack of enforcement. If we, as county societies, will see that these laws are enforced, and if necessary go down into our pockets and hire an attorney to assist the prosecuting attorney, the quack will soon be out of business. There is trouble, too, with the jury. The average juryman believes that these quacks are doing good work, that we are making martyrs of them, and the result is a hung jury or the man is acquitted in spite of the instructions of the judge to the jury. We as physicians must educate the people to see the difference between a quack and a doctor.

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E. J. GOODWIN, M. D., EDITOR.

PUBLICATION COMMITTEE:
WALTER B. DORSETT, Chairman.
M. B. CLOPTON. M. C. SHELTON.

EDITORIAL.

AMMENDMENTS TO CONSTITUTION AND BY-LAWS.

In this issue we publish the report of the Revision Committee in which changes in our present constitution and by-laws are suggested. This report will be presented to the House of Delegates at the annual meeting in May.

All county societies should study and discuss this report so that their delegates may be prepared to act in accordance with the wishes of the members when the House of Delegates is ready to take action upon it.

PAPERS FOR THE ANNUAL MEETING.

Those members who intend to read papers at the next annual meeting should send the titles to the program committee as soon as possible. This committee is now ready to classify papers preparatory to placing them upon the program of the meeting.

The committee consists of Dr. T. F. Lockwood, Butler, and Dr. Gail Allee, Lamar, for the medical section: Dr. H. E. Pearse, Kansas City, and Dr. Paul Y. Tupper, St. Louis, for the surgical section.

All communications pertaining to the program and papers to be read at the meeting should be addressed to this committee. The titles of papers on medical subjects should be sent to the Dr. Lockwood or to Dr. Allee and titles of papers on surgical subjects should be sent to Dr. Pearse or Dr. Tupper.

PROVISION FOR BUILDING COUNTY POOR FARMS.

On another page we publish a letter from Dr. Postlewait in which he calls attention to the fact that the last legislature passed House

Bill No. 352 which enables counties to raise funds for the erection of public buildings. Under the terms of this act the county court of any county may, upon its own motion or upon the request of one hundred tax payers in the county, order a proposition submitted to the county at any general election, or at a special election called for the purpose, to increase the rate of taxation for the purpose of erecting or improving public buildings. Of course county poor farms are included in this provision and therefore any county desiring to improve the condition of its home for the poor can do so if the majority of the tax payers evidence their willingness to pay the necessary increase in taxes to defray the expenses of such improvements.

This is a subject which county medical societies can advocate with propriety in those counties where the conditions demand attention.

THE COUNTY SECRETARIES' ASSOCIATION.

The meetings of the county secretaries, called by the officers of the Association for December 19th in St. Louis, and December 23d, in Kansas City, were well attended, enthusiastic and full of encouragement that the work of this body will become a powerful factor in promoting the welfare of the profession throughout the State. There were eighteen secretaries and district councilors at the meeting in St. Louis, and thirty-two at the Kansas City meeting. On another page appears a synopsis of the proceedings of the meetings; in the February issue we shall publish a more complete report of the proceedings.

At the annual meeting of the state Association in Springfield next May the secretaries will meet and establish permanent organization.

PROSECUTION FOR PRACTICING WITHOUT A LICENSE.

Cape Girardeau County Medical Society recently caused the arrest of one J. H. Cantlon, charged with practicing medicine without a license. Cantlon, after much persuasion, prevailed upon Dr. Grissom, a dentist in Cape Girardeau, to sign his bond for $100.00, and then promptly disappeared. When the case was called in the court he could not be found. Dr. Grissom says he will bring Cantlon into Court if he can be located in Missouri.

CERTIFICATE OF MEMBERSHIP.

The Secretary has prepared a new form of certificate of membership in the Association. Every member who has paid his dues in the county society and in the State Association for the year 1908 will receive a certificate of membership. The certificate is a guarantee of membership and should be carefully preserved.

The Western Surgical and Gynecological Association held its 17th annual meeting in St. Louis, December 30-31, 1907. The membership is limited to 150, of which number about 75 were present. The next meeting will be held in Minneapolis.

The Indiana State Medical Association will establish an official journal to be known as the Journal of the Indiana State Medical Association, about January 15th. This journal will take the place of the former method of publishing the transactions in book form.

We welcome this new publication and anticipate that it will be a valuable addition to the various state organization journals.

MEETING OF THE SECRETARIES.

ST. LOUIS, DECEMBER 19TH, 1907.

The County Secretaries met in St. Louis, in the rooms of the St. Louis Medical Library, in response to a call of the officers of the State Medical Association, to form an association of the county secretaries.

The President, Dr. W. S. Allee, stated the objects of the association, which are to increase the efficiency of the county secretaries, extend the influence of the county societies and to aid in keeping up the work of the State organization to the full of its possibilities. In this matter, the county secretaries can do more than other members of the association.

Temporary organization was affected by the election of Dr. W. S. Allee, as temporary chairman, and Dr. E. J. Goodwin, temporary secretary. There were eighteen county secretaries and district councilors present, and a number of visitors from the St. Louis Medical Society who were interested in the organization of the county secretaries' association.

The chair called for expressions from the members concerning the condition of medical and medical society affairs in the various counties and each secretary reported. The general opinion prevailed that when the secretary of the county was active, earnest and diligent in keeping up the interest in the work of the society, the members usually responded to appeals and the society made progress. In some cases, local conditions, such as long distances between towns and poor transportation facilities, often prevented a large attendance at meetings.

A motion carried requsting the chair to appoint a committee to draft a constitution and by-laws and outline a plan for permanent organization, this committee to consist of two members from the St. Louis meeting and two members from the Kansas City meeting, and report at the annual meeting of the State Association at Springfield next May. The chair appointed Drs. R. D. Moore of St. Louis County,

and W. P. Patterson of Moniteau County. The other two members to be appointed at the Kansas City meeting.

The St. Louis Medical Society invited the members to luncheon and the meeting adjourned until 2 p. m.

AFTERNOON SESSION.

At the afternoon session, the various means of making county society work more effective and of creating more general interest among the members, formed the chief part of the discussion. The political phase of the medical society work was considered at length.

Dr. Porter of St. Louis, spoke of the work of the antituberculosis society and a motion carried requesting county societies to enter this field and form county antituberculosis societies.

A suggestion was made that all societies in each councilor district should have a union meeting once a year and a motion carried requesting that such union meetings of all societies in each county district be held annually.

Mr. Barth of St. Louis, attorney for the St Louis Medical Society, gave an interesting account of what the St. Louis Medical Society had been doing, and has in contemplation to do, in the direction of surpressing quackery and illegal practise in that city; he stated that already much had been done, among other things the suppression of numerous advertisements in the newspapers of persons who advertised to commit abortion, the advertising of cures for cancer, etc.

Dr. Morfit, president of the St. Louis Medical Society, addressed the meeting, and suggested that the association advocate the establishment of a medical defense fund.

A vote of thanks was tendered the members of the Council of the St. Louis Medical Society for the luncheon given the members.

KANSAS CITY MEETING.

The county secretaries of the western part of the state met in the parlors of the Midland Hotel, Kansas City, on December 23rd. Dr. Allee was elected temporary chairman and Dr. Goodwin was elected temporary secretary. Thirty-one county secretaries and district councilors were present. The meeting was a very enthusiastic and profitable one.

Reports were called for and, as at St. Louis, the secretaries reported on the conditions existing in the various counties. It was the general opinion, all things considered, that the State organization was in a very excellent condition; in most counties progress was reported.

The Jackson County Medical Society invited the members to luncheon and adjournment was taken until 2 p. m.

AFTERNOON SESSION.

On motion, a vote of thanks was tendered the Jackson County Medical Society for the excellent luncheon spread for the members.

It was moved that the county societies be requested to arrange for holding their annual meetings in December of each year, in order that there may be uniformity in the time payment of dues, listing of the members of the State Association and transmitting reports to the officers of the State Association. This motion carried. The political question was discussed on lines similar to those taken up at the St. Louis meeting.

Dr. Madry moved that the county secretaries form local antituberculosis societies. Carried.

Dr. James moved that the secretaries take up with their county societies the question of holding union meetings, and request that they hold at least one meeting annually at which all the societies in the district shall attend, the time and place of meeting to be decided by the district councilor. Carried.

Dr. Fassett moved that the secretaries be requested to exchange programs with all other county societies. Seconded. Moved to amend, that this matter be referred to a committee to report at the Springfield meeting for final action. Carried.

It was moved that the State secretary be authorized to notify county secretaries that the chairmen and the secretaries of the sections of the State association constitute the program committee and that in order to secure a place on the program of the State meeting the member must do so through his county society, or on his own volition with the consent of the committee. This motion was amended to read that all papers should reach the committee through the county societies. Carried.

Dr. Elam introduced the following resolution:

Resolved, that the secretaries be requested to ask the county societies to instruct their delegates in regard to action upon the question of establishing a state medical defense and prosecution fund; and that the committee in whose hands this fund may be placed shall be instructed to aid in every way possible the attorneys in the various counties in the prosecution of illegal practitioners. Seconded and carried.

Dr. R. M. James, Joplin, and Dr. Chas. W. Fassett, St. Joseph, were appointed on the committee to draft a constitution and by-laws.

CORRESPONDENCE.

To the Members of the Missouri State Medical Association:

The Revision Committee, appointed at the last annual meeting to consider all suggestions and recommendations for changes in the Constitution and By-Laws, met in St. Louis on December 19th, 1907.

The following changes in the Constitution were proposed in the House of Delegates by Dr. J. R. Lemen, of St. Louis, at the last annual meeting and referred to this Committee, viz:

CONSTITUTION.

Article 5.—House of Delegates.

"The House of Delegates shall be the legislative and business body of the Association, and shall consist of (1) Delegates elected by the component county societies, and (2) ex-officio, the officers of the Association as defined in this Constitution."

Shall be changed to read:—

"The House of Delegates shall be the legislative and business body of the Association and shall consist of (1) Delegates elected by the component county societies and (2) ex-officio, the presiding officer and secretary of the Association."

Article 8.—Officers.

"Section 1. The officers of this Association shall be a President, five Vice-Presidents, a Secretary, an Assistant Secretary, a Treasurer and sixteen Councilors."

Shall be changed to read:—

"Section 1. The officers of this Association shall be a President, five Vice-Presidents, a Secretary, a Treasurer, a Chairman, and a Vice-Chairman of each section, a Secretary of each section who shall be an assistant Secretary of the Association, and sixteen Councilors more or less as shall be determined by the House of Delegates from time to time."

"Section 4. The President shall be elected by the General Assembly on the last day of the meeting."

Shall be changed to read:—

"Section 2. The President shall be elected by the General Assembly on the last day of the meeting for a term of one year."

Shall be changed to read:—

"Section 2. The President shall be elected by the General Assembly on the last day of the meeting for a term of one year."

"Section 2. The President and Vice-Presidents shall be elected for a term of one year. The Secretaries and the Treasurer shall be elected by the council at its annual meeting and each shall hold office for one year. The Councilors shall be elected for terms of five years each, being so divided that four shall be elected

each year. All of these officers shall serve until their successors are elected and installed.

Shall be changed to read:—

"Section 3. All the other officers except the officers of sections, shall be elected by the House of Delegates and for a term of one year except the Councilors who shall be elected for terms of three years each, being so divided that at least one-fourth of the number shall be elected each year. All officers shall serve until their successors are elected and installed. Each section shall elect annually a Chairman, a Vice-Chairman, and a Secretary who shall be an assistant secretary of the Association.

"Section 3. The officers except the President, Secretaries and Treasurer, shall be elected by the House of Delegates on the morning of the last day of the Annual Session, but no delegate shall be eligible to any office named in the preceding section except that of Councilor, and no person shall be elected to any such office who is not in attendance on that Annual Session and who has not been a member of the Association for the past two years."

Shall be changed to read:—

"Section 4. No delegate shall be eligible to any office except that of Councilor and no person shall be elected to any office who is not in attendance and who has not been a member of the Association for the past two years immediately preceding."

After carefully considering these and other proposed amendments, submitted to your Committee we recommend the following changes in the Constitution and By-Laws:

CONSTITUTION.

Article 8.—Officers.

Section 1. The officers of this Association shall be a President, five Vice-Presidents, a Secretary, a Treasurer and sixteen Councilors."

Shall be changed to read:

Section 1. The officers of this Association shall be a President, five Vice-Presidents, a Secretary, a Treasurer, a Chairman and Vice-Chairman of each section, a Secretary of each section who shall be an Assistant Secretary of the Association, and twenty-nine Councilors more or less as shall be determined by the House of Delegates from time to time.

Section 2. The President and Vice-Presidents shall be elected for a term of one year. The Secretaries and the Treasurer shall be elected by the council at its Annual Meeting and each shall hold office for one year. The Councilors shall be elected for terms of five years each, being so divided that four shall be elected each year. All of these officers shall serve until their successors are elected and installed.

Shall be changed to read:—

Section 2. The President and Vice-Presidents shall be elected for a term of one year. The Secretary and the Treasurer shall be elected by the council at its annual meeting and each shall hold his office for one year. The Councilors shall be elected for terms of five years each, being so divided that one-fourth of the number

shall be elected each year. Section officers shall be elected by the members registered in the Section and shall serve for a term of one year each. All these officers shall serve until their successors are elected and installed.

Section 3. The officers, except the President, Secretaries and Treasurer, shall be elected by the House of Delegates on the morning of the last day of the annual session, but no Delegate shall be eligible to any office named in the preceding section except that of Councilor, and no person shall be elected to any office who is not in attendance on that Annual Session and who has not been a member of the Association for the past two years.

Shall be changed to read:—

Section 3. The Vice-Presidents, Councilors and Members of the Committee on Public Policy and Legislation shall be elected by the House of Delegates on the morning of the last day of the annual session, but no Delegate shall be eligible to any office named in the preceding section except that of Councilor, Chairman, Vice-Chairman or Secretary of a Section; and no person shall be elected to any office who is not in attendance on that annual session and who has not been a member of the Association for the past two years.

Section 4. The President shall be elected by the General Assembly on the last day of the meeting.

Shall be changed to read:—

Section 4. The President and the Orators shall be elected by the General Assembly on the morning of the last day of the meeting.

BY-LAWS.

Chapter 5.—Election of Officers.

Section 2. The House of Delegates on the first day of the Annual Session shall select a Committee on Nominations consisting of ten delegates, no two of whom shall be from the same councilor district. It shall be the duty of this Committee to consult with the members of the Association and to hold one or more meetings at which the best interests of the Association and of the profession of the State for the ensuing year shall be carefully considered. The Committee shall report the result of its deliberations to the House of Delegates in the shape of a ticket containing the name of one member for each of the offices to be filled at that annual session.

Shall be changed to read:—

Section 2. The House of Delegates on the first day of the Annual Session shall select a Committee on Nominations consisting of ten delegates, no two of whom shall be from the same councilor district. It shall be the duty of this Committee to consult with the members of the Association and to hold one or more meetings at which the best interests of the Association and of the profession of the State for the ensuing year shall be carefully considered. The Committee shall report the result of its deliberations to the House of Delegates in the shape of a ticket containing the name of one member for each of the offices to be filled by the House of Delegates at that annual session.

Add a new section to be known as Section 6, as follows:

Section 6. Nominations for President and Orators shall be made orally in the General Assembly on the morning of the last day of the Annual Meeting.

Chapter VIII.—Committees and Sections.

Add a new section to be known as Section 6, as follows:

Section 6. Duties of Officers of Sections. The Chairman shall preside at the meetings of the section and shall perform such duties as usually belong to such an office, or as may be provided by the rules and regulations of the Section. The Vice-Chairman shall assist the Chairman in the performance of his duties and shall preside in his absence or at his request. The Secretary shall keep a record of the proceedings of the Section, in a book provided for that purpose, and shall perform such other duties pertaining to his office as may be imposed by the rules and regulations of the Section and the By-Laws of the Association.

Observing the instructions given to your Committee, this report is published in the January, 1908, issue of the JOURNAL in order that all affiliated county societies may have an opportunity to discuss the changes recommended and instruct their delegates to the meeting at Springfield, in May, 1908, how to act when these proposed changes come up for adoption.

Respectfully submitted,

WALTER B. DORSETT,
JABEZ N. JACKSON,
F. B. HILLER.

The Committee.

Editor, Journal Missouri State Medical Association.

Dear Sir:—I notice in the December issue of the JOURNAL, an editorial from the *Bunceton Weekly Eagle*, of Cooper County, describing the bad condition of their county poor house. In the same article under the caption "The County Poor Farm," you say that Dr. Highsmith of Carrollton (Carroll County) mentioned the deplorable condition of the poor farm in that county. I entirely agree with the views expressed that we should endeavor to give comfortable quarters to the unfortunate poor.

Recently in Atchison County, by an overwhelming vote, the people authorized the county court to expend $20,000.00 in the building of a modern county home for our poor.

I understand that the Forty-fourth General Assembly passed or enacted H. B. 352, enabling county courts to levy a tax for public buildings. This law can be found on Page 192 of Session Acts of 1907. If I understand this act correctly, the citizens of any county can, if a sufficient number of them desire it, authorize their county courts to levy taxes for purposes so much needed in Carroll and Cooper Counties. No further legislation is needed.

Yours truly,

J. A. POSTLEWAIT, M. D.,

Springfield, Mo.

Editor, Journal Missouri State Medical Association:

Dear Sir:—The following resolutions were adopted at the meeting of the Southwest Missouri Medical Society, November 7th to 8th, 1907, and a copy ordered sent to you for publication.

Yours very truly,

H. S. Hill, M. D., Secretary.

Resolved, that in order to promote science and better advance the cause of sanitation and public hygiene, and to facilitate the standardization of medicine in the United States, we favor, and ask our representatives in both houses of Congress to labor for, the creation of a new Cabinet officer, to be known as the Secretary of Health.

Resolved, further that when the new department shall have been made, that none but Doctors of Medicine skilled in the practice of the science and art of medicine, and who shall bear professional endorsement of an unquestionable kind ought to be considered eligible to the position of Secretary of Health.

Whereas, there exists in each State of this republic a dual sovereignty, which for the most part is desirable being for our best interests, but whereas in one particular this dual sovereignty does not conserve to the best and most economic interest of that branch of science known as Medicine, but usually in a multiplicity of standards: that uniformity be had and reciprocal relations between the States be established; be it resolved that our honorable Board of Health be requested to seek such intercourse with and action by the Boards of Health or examiners of the other States as will insure the mutual adoption of such a standard of Medical education as will permit a feasible and right reciprocity among the states of the republic.

Resolved that we favor such amendments to the medical laws of our state as will permit of a speedier and more practical investigation of its violations and to a surer method of inflicting the penalties than now contemplated by the present enactments.

Be it further resolved that we favor such increase in power and scope of the authority of the Board of Health as will permit them to make all investigations of infractions of our Medical or sanitary laws as in their judgment may be deemed expedient or the public good may require.

Be it further resolved that we believe the infliction of penalties for violations of law, should be specific and not left at option.

Whereas, the State's plan of caring for its indigent sick is too antiquated to meet the demands of present day civilization, to the extent that many worthy poor sometimes fail to call for or obtain needed medicines and medical services, and others procure the said services and medicines through the demand of charity enforced upon unfortunate physicians.

Therefore, be it resolved that the State should provide more adequate means for caring for its sick poor, and not compel our physicians to bear practically the greater charitable burden.

Be it further resolved that both the economic and humanitarian interests of the State will be infinitely better subserved by aiding the Board and increasing its powers for the promotion of science, the dissemination of hygiene and sanitary knowledge, and the cultivation of a more intimate and friendly intercourse with the profession of the State.

Be it further resolved that a copy of these proceedings be furnished the members of the Board of Health, a copy be sent to each of the District Medical societies, and a copy each to the Kansas City Index-lancet and the State Medical Association Journal for publication.

Be it further resolved that all regular Medical societies of the State be invited to join us in our requests as set forth in these resolutions.

RESOLUTIONS ADOPTED BY THE EXECUTIVE COMMITTEE OF THE AMERICAN NATIONAL RED CROSS. OCTOBER 18, 1907.

Whereas, By international agreement in the Treaty of Geneva, 1864, and the revised Treaty of Geneva, 1906, "the emblem of the Red Cross on a white ground and the words Red Cross or Geneva Cross" were adopted to designate the personnel protected by this Convention, and

Whereas, The Treaty further provides (Article 23) that "the emblem of the Red Cross on a white ground and the words Red Cross or Geneva Cross can only be used whether in time of peace or war, to protect or designate sanitary formations and establishments, the personnel and material protected by this Convention," and

Whereas, The American National Red Cross comes under the regulations of this Treaty according to Article 10, "volunteer aid societies, duly recognized and authorized by their respective Governments", such recognition and authority having been conferred upon the American National Red Cross in the Charter granted by Congress, January 5, 1905, Sec. 2, "The corporation hereby created is designated as the organization which is authorized to act in matters of relief under said Treaty," and, furthermore,

Whereas, In the Revised Treaty of Geneva, 1906, in Article 27, it is provided that "the signatory powers whose legislation should not now be adequate, engage to take or recommend to their legislatures such measures as may be necessary to prevent the use by private per-

sons or by societies other than those upon which this Convention confers the right thereto of the emblem or name of the Red Cross or Geneva Cross,"

Be It Resolved, That the Executive Committee of the American National Red Cross requests that all hospitals, health departments and like institutions kindly desist from the use of the Red Cross created for the special purpose mentioned above, and suggests that for it should be substituted some other insignia, such as a green St. Andrew's Cross on a white ground, to be named the "Hospital Cross," and used to designate all hospitals (save such as are under the Medical Departments of the Army and Navy and the authorized volunteer aid society of the Government), all health departments and like institutions, and, further,

Be It Resolved, That the Executive Committee of the American National Red Cross likewise requests that all individuals or business firms and corporations who employ the Geneva Red Cross for business purposes, kindly desist from such use, gradually withdrawing its employment and substituting some other distinguishing mark.

COUNTY SOCIETY NOTES

ADAIR COUNTY MEDICAL SOCIETY.

The Adair County Medical Society met December 5th, 1907, at Kirksville.

The Society voted unanimously to pay the secretary's expenses to the secretaries' meeting.

The Society extends its co-operation in the work of suppressing the nostrum evil.

Dr. Patrick H. McCambridge, of Adair, sent in his name for membership. The rules were suspended and he was elected to membership.

The Address of the retiring president, Dr. Callison, gave in a concise way the advancement of our Society. The paper will be sent to the JOURNAL for publication.

Officers elected for 1908: President, Dr. J. S. Gashwiler, Novinger; vice-president, Dr. J. W. Martin, Kirksville; secretary-treasurer, Dr. E. C. Grim, Kirksville; board of censors, Dr. E. C. Callison, Kirksville.

Further arrangements were discussed relative to the open meeting. The program committee was instructed to prepare a program for 1908 similar to the one of 1907.—E. C. GRIM, M. D., Secretary.

CAPE GIRARDEAU COUNTY MEDICAL SOCIETY.

The Cape Girardeau County Medical Society held its regular monthly meeting at Cape Girardeau, December 6th. This being the meeting for the election of officers, no program was arranged for. Results of the election were as follows: President, Dr. R. F. Wichterich; vice-president, Dr. W. K. Statler; secretary, Dr. E. H. G. Wilson; treasurer, Dr. R. T. Henderson; board of censors, Drs. H. L. Cunningham, C. M. Witmer, and W. E. Yount, to serve one, two and three years respectively; delegate to State Association, Dr. H. L. Cunningham; delegate to Committee on Public Health and Legislation, Dr. J. D. Porterfield, Jr.

The Society discussed the case of Dr. J. H. Cantlon, who was arrested on a charge of practicing medicine without a license, sworn out by the Cape Girardeau County Medical Society. Cantlon was admitted to bail after having persuaded Dr. M. A. Grissom, a dentist, to sign his bond. When his case was called for trial Cantlon did not appear. Dr. Grissom says he will bring Cantlon back if he can be found in Missouri.

Dr. M. A. Grissom, D.D.S., and most of the dentists are in sympathy with organized medicine.

The Society discussed the advisability of asking Dr. Geo. Homan of St. Louis, to give a public lecture on the prevention of tuberculosis, under the auspices of the Cape Girardeau County Medical Society.

The next place of meeting will be Jackson, January 3d.—E. H. G. Wilson, M. D., Secretary.

GASCONADE-OSAGE-MARIES COUNTY MEDICAL SOCIETY.

The Gasconade-Osage-Maries County Medical Society met at Bland on December 17th.

Dr. J. J. Ferrell had a surgical clinic, removing a lipoma from the left temple of a patient.

Dr. A. R. Kieffer, of St. Louis, conducted the next clinic, a resection of the supra-orbital nerve in a patient who had a severe, persistent neuralgia over left eye.

Dr. J. J. Ferrell next tested the eyes of a patient and gave prescription for glasses.

Dr. I. M. Owens read his paper on personal experience in typhoid fever, in which he reported 153 cases of typhoid fever. As to the etiology he said he noticed several cases following a picnic where ice taken from a certain pond had been used for making lemonade. He thought this pond was infected with the typhoid germ. He recommended few remedies, and withholding of food; he condemned the use of cold baths, and said they often produce shock, with a tendency towards internal hemorrhages. His main remedies were calomel, podophyllin, and guiacal.

Dr. Seba, in discussing Dr. Owens' paper, said he agreed with the essayist upon the etiology and treatment of typhoid fever; he thought that if the disease was recognized in its early stages it very often could be aborted, if the regular typhoid treatment was established right from the beginning; he condemned the use of quinine in typhoid fever, claiming it would set up many unpleasant symptoms. He said that the diagnosis in patients between 10 and 30 years of age was easy, but very difficult in the very young and old. He had used the bath method but had abandoned it in favor of colonic douches.

Dr. John L. Short, of Versailles, said he was not in general practice now, but when he was he resorted to the quinine test to make a differential diagnosis between typhoid and malarial fever. If quinine checked the fever it was malarial; if it did not it was typhoid. He thought that was good practice and he would not hesitate now to use it if he was in general practice.

Dr. Owens, closing, reiterated his condemnation of quinine and the cold bath by immersion, in typhoid fever, claiming it produced many unpleasant symptoms, such as shock, internal congestion and a tendency towards hemorrhages.

Meeting adjourned until 7 p. m.

Upon reassembling, Dr. J. J. Ferrell read his paper on refraction and how to refract. In his paper Dr. Ferrell stated the scientific principles which underlie the art of fitting glasses; how parallel lines or rays of light were refracted or bent towards the base if passed through a prism, and that this law was made use of by opticians in fitting glasses.

Dr. John L. Short, of Versailles, in discussing Dr. Ferrell's paper said that cross eyes were not congenital, but a difference in the two eyes would cause double vision, and in order to avoid this double vision the weak eye was rolled out of line, and thus caused the strabismus; that correction of this error in vision by properly fitting glasses would prevent, if not cure, strabismus; in older persons where the strabismus was of long standing correction would not cure the condition but surgery would have to be resorted to.

Dr. J. D. Seba deplored the fact that there was a general prejudice against young persons wearing glasses; that this prejudice was entirely due to ignorance; that many children could not learn their lessons on account of an error in vision; that eye strain produced many unpleasant symptoms, and to relieve them was as much within the province of the physician as the treatment and cure of any other abnormality.

Dr. J. J. Ferrell closed the discussion with a few timely remarks.

Dr. C. T. Leach then read a paper on gunshot wounds. He discussed how wounds should be disinfected and drained and reported a few cases of gunshot wounds and the result of treatment in each. This paper was discussed by Dr. Short, Ferrell, Owens, Engelbrecht and Radmacher.

Dr. John Engelbrecht then read a paper upon the treatment of a "bad cold." This paper aroused a lively discussion as to the etiology of this disease, Dr. J. J. Ferrell believing that it was of germ origin, Dr. Short thinking it was due to chilling of the body and consequent congestion of the mucous membranes.

Dr. Seba then read a paper entitled, "The physician, a Day Laborer or a Contractor," in which he discussed case taking, claiming all acute cases should be treated by visit or treatment, but all surgical work or chronic cases should be taken by the case, or contract, taking into consideration the ability of the patient to pay, the probable duration of the disease. This paper aroused a lively discussion.

The following officers were elected for 1908: Pres., J. J. Radmacher, Meta; Vice Pres., John Engelbrecht, Stonyhill; Sec. and Treas., John D. Seba, Bland; Delegate, J. J. Ferrell, Owensville; Com. on Censure, J. E. Jose 1 year, S. I. Terrill 2 years, C. T. Leach 3 years; Com. on Health, J. E. Neeley, J. J. Ferrell, W. F. Byler.

Adjourned to meet at Owensville in April, 1908.—JOHN D. SEBA, Sec.-Treas.

GREENE COUNTY MEDICAL SOCIETY.

The regular bi-monthly meeting of the Greene County Medical Society was held at Springfield on Friday, December 13th; there were twenty members present.

Dr. H. J. Ruyle, of Springfield, was elected to membership in the Society. Letter received from President and Secretary of State Medical Association was read calling a meeting of the Secretaries and Councilors to be held for this district in Kansas City, December 23rd, the Secretary being unable to attend, on motion the society elected Dr. T. A. Coffelt, Councilor of this district, to attend this meeting as the representative of the Society.

Dr. C. B. Elkins read a paper on "Exophthalmic Goitre," which was discussed by Drs. Fulton, Rienhoff, Smith, Ross and others.—J. L. Ormsbee, M. D., Secretary.

THE HENRY COUNTY MEDICAL SOCIETY.

The Henry County Medical Society met in regular session on Wednesday, Dec. 11th, 1907. Members present: Drs. J. J. Russell, W. M. Shankland, W. H. Gibbins, B. B. Barr, A. E. Derwent, J. M. Miller, S. A. Poague, R. D. Haire, J. R. Hampton, E. C. Peelor and F. M. Douglass. Visitors, Drs. A. J. McNees, G. W. Berry, and Dr. J. W. Gray.

Dr. Gibbons reported a case of puerperal eclampsia that ran the usual course; was treated by blood letting, veratrum, and emptying the uterus; recovery. Discussed by Drs. Miller, Peelor, Shankland, Russell, Hampton, Poague and McNees.

Dr. A. J. McNees read a paper on "Psychic Influence as a Therapeutic Agent." It showed considerable care and research on this subject and the usefulness of the method in certain cases. Discussed by Drs. J. J. Russell and R. D. Haire.

Dr. E. C. Peelor reported a case of gastric ulcer treated with silver.

Dr. Wallis reported a case of progressive muscular atrophy treated with large doses of strychnin. Discussed by Dr. R. D. Haire.

The election of officers resulted as follows: President, Dr. J. R. Hampton; vice-president, Dr. W. M. Shankland; secretary-treasurer, Dr. F. M. Douglass; censors, Drs. R. D. Haire, W. H. Gibbins.

The board of censors reported favorably on the applications of Drs. A J. McNees and Dr. G. W. Berry and they were elected as members.—F. M. Douglass, M. D., Reporter.

LAWRENCE-STONE COUNTY MEDICAL SOCIETY.

The Lawrence-Stone County Medical Society met at Crane, Stone County, December 3rd.

Dr. Doggett, who had a paper on Diphtheria, and Dr. Hill a

Report of a case of Labor both being absent, were passed and Dr. G. B. Dorrell called. Dr. Dorrell's subject was "Alkaloidal Medication." The paper was well prepared, and set forth the advantages of alkaloidal medication.

Dr. Dorrell stated that the alkaloids were the most stable form of drugs, and that they were therefore sure of producing the physiologic effects. He sustained the objection to the powders, tinctures, fluid extracts, etc., that they contained other active principles, which had not deteriorated pari passu with the one for which the drug was often given, and for this reason the effect sought was not obtained, while the undesirable effects of the other constituents of the drug appeared. This he thought would often account for the fact that drugs when given to a patient did not always produce the desired effect.

He thought uniformity of action with alkaloids could be relied on, and with this assured to the physician, one who used this class of drugs might be stimulated to greater efforts in behalf of his patients. The practice in Europe was known as dosimetry, in America as alkafometry or alkalotherapy or active principle medication.

Dr. D. M. Huffman opened the discussion, stating that his experience of twelve years with the alkaloids was similar to that of Dr. Dorrell; that he had, however, not used the alkaloids exclusively; that he would expect results from any reliable drug but that he got, or thought he got, exactly the effect desired from proper administration of the alkaloids.

Dr. Andrews said he had not used the alkaloids extensively. Some he had used many times, but others very little. He had used the alkaloids in typhoid fever cases, and thought he had gotten very good results.

Dr. Goodrich had practiced extensively using the alkaloids and found them convenient to carry, reliable in action, and safer to leave in the hands of patient or nurse.

Dr. Madry had tried alkaloidal medication but not to the extent of some of the speakers who had preceded him. He had not seen so marked a difference in favor of this form of medication. He had not desired to be "The first by whom the new is tried, nor yet the last to cast the old aside." He called attention to the fact that it required many years to properly test any drug or form of medication. He thought the commercialism and optimism of those who have been exploiting the alkaloids should be taken into the accounting before finally deciding as to the merits and demerits of the system. He had obtained expected results from the administration of reliable drugs, and thought the combined action of a number of active principles often preferable to that of any one of them acting singly. He could not see how the alkaloids being so sure and so powerful would yet be safer to leave in the hands of patient or nurse.

Dr. Brown, of the State Sanitorium, had used alkaloidal medication, and was favorably inclined to it.

Dr. Dorrell was brief in the remarks closing the discussion.

The time till adjournment for dinner being too short for the next item on the program, the censors begged leave reported on the applications of Drs. S. F. Henson, of Galena, O. H. Brown, of Mt. Vernon, and Jas. H. Wade, of Ponce de Leon, for membership. A favorable report was made and the three were unanimously elected to membership.

AFTERNOON SESSION.

Dr. Doggett was called on opening the program for the afternoon, and read a paper on "Diphtheria." He laid particular stress on the differential diagnosis of diphtheria and pseudodiphtheria. Diphtheria was contagious, and the microscope revealed the presence of the Klebs-Loeffler bacillus, while the pseudo variety was not contagious, and in this the microscope revealed the presence of the streptococcus. He had not used antitoxin in the treatment of either the true or pseudo variety.

Dr. Madry, opening the discussion, said he believed there was yet something unknown in the natural history of the Klebs-Loeffler bacillus, that, when discovered, would account for the isolated cases, or those cases that could not be traced to known sources of infection. These cases had died, as a rule, before the day of antitoxin, and got well almost invariably under the proper treatment with antitoxin. He insisted that in all cases of doubtful diagnosis, antitoxin should be given. His idea was to give the remedy early, often if necessary, and in doses of highest potency. Membranous croup was laryngeal diphtheria, and diphtheria was at first local in all cases, the larynx being a favorite site for the development of the Klebs-Loeffler bacillus.

Dr. Andrews agreed in theory and practice with Dr. Madry. He stated that pseudodiphtheria was synonymous with what was sporadic diphtheria, now a vanishing term. He regarded antitoxin as the remedy in all cases, both of plain cases of diphtheria, and those of doubtful diagnosis. He recommended repetition of dose every six hours if necessary.

Dr. Shelton was at first prejudiced against antitoxin, but was now a firm believer. He had never seen harm come from the use, but he had seen the worst of consequences from non-use.

Dr. Brown stated it had been demonstrated that diphtheria and pseudodiphtheria were entirely different diseases, and therefore called for different plans of treatment.

Dr. Tefft believed membranous croup and diphtheria entirely different diseases, and in these cases he preferred an icebag to antitoxin.

Dr. Doggett in closing touched upon the treatment required in each variety.

Drs. Miller and Fulton who had been placed on the program not being present, it was suggested that Dr. O. H. Brown, of the State Sanitorium, be requested to tell about his work at Mt. Vernon, and that he be allowed all the latitude he desired to properly present his subject. He exhibited a map of the grounds and plans and arrangement of the buildings erected, those under construction, and those yet to be built, describing them and the purposes for which they are intended. He further told of the manner of making applications by the two classes (the private and those sustained by the respective counties in which they lived), the one directly through the Sanitorium and the other through the county court. He spoke of the construction of the buildings, the number and condition of the patients, the treatment, and the method of diagnosis.

The interest shown by this society in Dr. Brown's presentation indicates the intense interest felt by the physicians of Lawrence and Stone counties in this humanitarian enterprise.

The society can be counted on to a man to aid the State and humanity to the full extent of its ability in the battle against the "White Plague."

Dr. Smart closed the scientific part of the program with the report of a case of doubtful diagnosis, but thought to be tuberculosis of the peritoneum. A statement of the condition as far as could be determined had been made to the patient and her husband who, thereupon, requested that at least an exploratory operation be performed.

This was done and on opening the abdominal cavity, the peritoneum appeared normal but all the lymphatics on and near the intestines were found to be tuberculous. The patient rallied from the operation, but within a few hours, began to show signs of extreme weakness and died twenty-four hours after the operation.

The theory advanced was that tuberculous matter possibly contained in food passing down the lumen of the intestine had been absorbed and arrested by the lymphatics. Subsequent history developed the fact that a sister had died some time previously with what was thought to be a long-drawn typhoid fever, but Dr. Smart was now of the opinion that that case was also one of tuberculosis.

Drs. Shelton and Wade, who had been designated to open discussion, were brief in their remarks on account of the short time left to be devoted to the scientific part of the program. Dr. Shelton expressed himself as opposed to surgical interference in cases of abdominal tuberculosis, and in this he was opposed by some others who spoke in the irregular discussion.

At the close of this discussion, Dr. Stevenson announced that it was the time for our annual election of officers. Dr. D. M. Huffman, of Crane, was nominated and elected President; Dr. A. H. Madry, of Aurora, vice-president; Dr. J. H. Craven, of Marionville, treasurer; Dr. C. W. Shelton, of Mt. Vernon, Secretary. These elections were

each done under suspension of rules and by acclamation. The further election of officers was postponed until the next regular meeting. Mt. Vernon was chosen as the next place of meeting.—A. H. Madry, M. D., Secretary.

LINN COUNTY MEDICAL SOCIETY.

The Linn County Medical Society met in annual session at Laclede, December 17, 1907.

The following officers were elected for the year 1908: President, Dr. J. T. Polson, Laclede; first vice-president, Dr. B. B. Putman, Marceline; second vice-president, Dr. J. W. Lane, Linneus; secretary, Dr. F. W. Burke, Laclede; treasurer, Dr. J. L. Burke, Laclede; delegate, Dr. F. W. Burke, Laclede.

Time of meeting Tuesday evening nearest the full of the moon in February, April, June, August, October and December. Meetings are held bi-monthly and are migratory.

The society endorsed the organization of the county secretaries' association.

The members expressed themselves favorable to a fall meeting of the State Association, although the subject will come up for further discussion at the February meeting.

The recommendations of the State Board of Health will be considered at the February meeting. As a whole the recommendations were endorsed and will be reported to the State Association later.

Dr. Z. T. Standly read a paper on Colles' fracture.

The next meeting will be held at Brookfield, in February.—F. W. Burke, M. D., Secretary.

PLATTE COUNTY MEDICAL SOCIETY.

The Platte County Medical Society meeting was held in Platte City on December 4th.

Dr. S. Redman, the retiring president, entertained the members at a dinner at Central Hotel.

The following members were present: Drs. E. R. Hull, A. S. Herndon, P. S. Gardner, F. M. Shafer, J. B. Willis, H. M. Clark, Alva Naylor, Spence Redman and G. C. Coffey.

Dr. Herndon presented his paper on chronic "Gastric Catarrh," which he classed as an inflammation of the mucous membrane of the stomach with an over-secretion of alkaline mucus which adhered to the mucous membrane of the stomach; and characterized by hyperemia of membrane, glands eroded, and swollen or atrophied. Symptoms were a variable appetite, distress after meals, pain when stomach is empty, pain on pressure (not severe), tongue coated and red at tip, vomiting and belching of gas; patient melancholic, pulse small. Treatment: Masticate food well, eat at regular intervals, regulate bowels, let the patient

select his own food. Bitter tonics, salines, bismuth, alteratives, silver nitrate, gastric lavage, rest; pepsin preparations, do more harm than good. He thinks that starches do not do much harm unless the process has extended into the bowels, at which point starches are digested. This subject was discussed at length by all present.

Dr. F. M. Shafer read his paper on "Trachoma," which was enjoyed and discussed by all.

The secretary and treasurer made their annual reports. The society voted to pay the railroad fare of the secretary to the meeting of the county secretaries at Kansas City.

The secretary was instructed to correspond with Dr. Blackburn in regard to the post-graduate work for societies.

Dr. Hull of Camden Point was elected a member.

The following officers were elected: President, Dr. W. D. Swaney, Linkville; vice-president, Dr. H. M. Clark, Platte City; secretary, Dr. F. M. Shafer, Edgerton; Treasurer, Dr. E. R. Hull, Camden Point; censor, Dr. P. L. Gardner, Waldron; delegate, Dr. A. S. Herndon, Camden Point.

The Society adjourned to meet the 1st of January, 1908.—G. C. Coffey, M. D., Secretary.

ST. LOUIS COUNTY MEDICAL SOCIETY.

The Meeting of the St. Louis County Medical Society was held at Kirkwood, December 11th, at 2:30 p. m., Dr. F. E. Guibor presiding.

Election of officers resulted as follows: President, Dr. C. A. Dunnavant, Kirkwood; vice-president, Dr. C. L. Armstrong, Webster Grove; secretary-treasurer, Dr. W. H. Townsend, Maplewood; censor, Dr. R. W. Mills, Webster Grove.

A committee was appointed to organize a tuberculosis relief association and to report at the next meeting.

The annual banquet usually held in December was postponed until January or February.

The secretary, Dr. R. D. Moore, made his annual report for 1907, as follows:

Number of meetings held, 11.
Average attendance, 14.
Scientific papers read, 13.
Number members dues paid, 41.
Number members dues unpaid, 4.
Number members suspended for non-payment of dues, 2.
Number deceased, 1.
Number removed, 1.
New members, 6.

On motion the report was adopted.—R. D. Moore, M. D., Reporter.

WEBSTER COUNTY MEDICAL SOCIETY.

The Webster County Medical Society met at Seymour, December 11th, 1907.

The application of Dr. D. A. Williams, of Niangua, for membership was received and referred to the board of censors for report at the March meeting.

The subject for discussion at this meeting was "Pneumonia." Dr. T. S. Bruton discussed "Definition and Etiology;" Dr. W. H. Bollinger, "Morbid Anatomy;" Dr. E. Trimble, "Symptomatology;" Dr. W. R. Beatie, "Complications," and Dr. M. Highfill, "Treatment." A general discussion by all members followed the reading of the papers.

Dr. W. J. Rabenau, of Fordland, reported a case of abscess of right kidney, with operation and recovery.

Officers for next year were elected, as follows: Dr. M. Highfill, president; Dr. E. Trimble, vice-president; Dr. W. R. Beatie, secretary and treasurer; Dr. W. J. Rabenau, censor for three years.

Moved and carried that we hold an open meeting at our next regular session and that the chair appoint an essayist to prepare a paper on Public Health and Sanitation; and that invitations be extended to the public to attend.—W. R. Beatie, M. D., Reporter.

EXAMINATION QUESTIONS STATE BOARD OF HEALTH OF MISSOURI, NOVEMBER 19, 20, 21, 1907.

There were thirty-four applicants for examination to practice medicine and surgery and thirteen applicants to practice midwifery. The Board will pass upon the grades made by these applicants on January 7, 1908.

ANATOMY.

(1) Describe 1st, 2nd and 7th cervical vertebra.
(2) Describe the clavicle; with what bones does it articulate.
(3) Describe the ankle joint in detail.
(4) Name the valves of the heart and give their location.
(5) Give surface topography of liver. (B. pancreas.)
(6) Give anastomosing circulation after ligation of femoral artery at its lowest point.
(7) Give gross and minute anatomy of uterus.
(8) Give anatomy, blood and nerve supply of mammary gland.
(9) Give number and names of lumbar nerves.
(10) Name all muscles that move eye ball, giving function of each.

JURISPRUDENCE.

(1) Define criminal abortion.
(2) Describe death by drowning.
(3) Give technic of autopsy.
(4) Give post mortem finding of death by strychnine poisoning.
(5) By what signs would you recognize that a child had been born alive.

PRACTICE.

(1) What are the symptoms indicative of intestinal perforation in typhoid fever? Give treatment.
(2) What is pseudoleukæmia? Give symptoms and treatment.
(3) Give etiology, symptoms and treatment of erysipelas.
(4) How would you diagnose gastric ulcer?
(5) Discuss ptomaine poisoning.
(6) Give etiology, symptoms and treatment of phlebitis.
(7) Give symptoms and treatment of tubercular meningitis.
(8) Give etiology, symptoms and treatment of asthma.
(9) How would you differentiate chickenpox and smallpox.
(10) Give the period of incubation in scarlet fever; describe the eruption and give treatment.

HYGIENE.

(1) Discuss and differentiate between contagion and infection; mention three diseases of each class.

(2) Discuss quarantine; mention four diseases in which you would institute quarantine, giving period of incubation and length of quarantine in each case.

(3) Outline hygienic care and prophylaxis of tuberculosis patient in private home.

(4) What is the composition of cow's milk: Give detailed method for sterilizing and peptonizing same.

(5) Discuss phagocytosis.

THERAPEUTICS.

(1) Give doses and indications for use of amonium carbonate.

(2) Give doses and indications for use of aloes socotrine.

(3) Give doses and indications for use of opium.

(4) Give doses and indications for use of iodoform.

(5) Give doses and indications for use of asafoetidae.

(6) Give doses and indications for use of ergot.

(7) Give doses and indications for use of buchu.

(8) Give doses and indications for use of calabar bean.

(9) Give doses and indications for use of cannabis indica.

(10) Give doses and indications for use of belladonna.

(11) Give the symptomatology and physiological effect of opium, ergot and belladonna.

OBSTETRICS.

(1) What are the causes and symptoms of phlegmasia alba dolens?

(2) Describe mechanism of podalic version, and give indications for performing same.

(3) How would you treat a case of placenta previa after 7th month?

(4) Give cause of, and how would you treat, hour-glass contraction?

(5) Give cause and treatment of post partum hemorrhage.

(6) Detail symptoms of pregnancy at 5th month.

(7) Give diameters of pelvis and of fetal head at full term.

(8) Give symptoms and treatment of the vomiting of pregnancy.

(9) How could you manage a case of foot presentation with prolapse of cord?

(10) How would you resuscitate an asphyxiated child?

CHEMISTRY.

(1) Give chemical reaction that takes place in the production of apomorphia from morphia.

(2) What are the chemical properties of iodine?

(3) Give steps in the manufacture of chloroform.

(4) Tell how methylic alcohol is obtained; give chemical properties of same.

(5) Give toxicology of sulphuric ether and treatment of same.

PHYSIOLOGY.

(1) Why is water indispensable to the human body?

(2) Give difference between blood plasma and lymph.

(3) What causes may lead to daily variations in the temperature of a healthy individual?

(4) Give functions of spinal cord.

(5) What is apnœa?

(6) Describe respiration.

(7) Where is urea mostly formed? How demonstrated?

(8) What is meant by astigmatism?

(9) Give brief outline of secretion of urine.

(10) What do you understand by assimilation?

BACTERIOLOGY.

(1) Describe sterilization and disinfection: the reasons for their employment in medicine and surgery.

(2) Describe the micro-organism of gonorrhœa, the pathological changes which occur upon the mucous membrane of the urethra and in its secretions and the method of staining the gonococcus.

(3) Describe the bacillus tuberculosis and the method of cultivating it.

(4) Describe Widal's test.

(5) Describe the bacillus of tetanus and the theory upon which antitetanic serum is administered.

PATHOLOGY.

(1) Discuss mixed or concurrent infection.

(2) Describe granulation tissue, give its origin and function.

(3) Describe the changes in the walls of an artery occurring in any form of aneurysm.

(4) What is an infarct?

(5) Discuss the process of ulcer formation.

ARTICLES APPROVED BY THE COUNCIL ON PHARMACY AND CHEMISTRY.

GUAIACOL-SALOL.

Guaiacol, $C_6H_4OH.COO(.C_6H_4.OCH_3)=C_{14}H_{12}O_4$, the salicylic ester of guaiacol, analogous to salol.

Actions and Uses.—This compound acts like its constituents, being antiseptic and antirheumatic. It is recommended in phthiscal diarrhea, dysentery, rheumatism, marasmus, chorea, etc. Dosage.—1 Gm, (15 grains). Manufactured by the Fabrik von Heydon, Radebuel near Dresden (Merck & Co., New York).

GUAIAMAR.

Guaiamar, $C_6H_4OCH_3O(CH_2OH.CHOH.CH_2)$. $1:2=C_{10}H_{14}O_4$, the monoguaiacol ester of glycerin.

Actions and Uses.—The chief value of guaiamar arises from the liberation of guaiacol, partly in the stomach and partly in the intestinal canal, being split up by the gastric and intestinal contents with the assimilation of one molecule of water into guaiacol and glycerin. By this evolution of guaiacol it is believed to exert a useful antiseptic action in the intestinal canal. Moreover, it is asserted that it is absorbed by the skin as readily as by the alimentary canal, and that it is without effect on the sound tissue, but becomes effective at the location of the diseased part. It is said not to interfere with the normal process of digestion, but, on the contrary, to be followed by decided tonic action. It is recommended as a substitute for guaiacol in all cases where the latter is indicated. In the form of ointment it has been recommended in acute articular rheumatism. Dosage.—0.3 to 1.3 Gm. (5 to 20 grains) in capsules or dissolved in warm water. Locally, in the form of 25 per cent. ointment with wool fat (lanolin), by itself, or combined with belladonna, zinc or mercurial ointment, etc. Manufactured by Mallinckrodt Chemical Works, St. Louis.

GUAJASANOL.

Guajasanol, $C_6H_4(OCH_3)$ $(CH_2N(C_2H_5)_2.COO).HCL=C_{13}H_{19}NO_3NCl$, the hydrochloride of diethylglycocollguaiacol.

Actions and Uses.—It is antiseptic and anesthetic. It is readily absorbed and splits off guaiacol in the organism with marked facility. Its antiseptic power is said to be about equivalent to that of boric acid. Guajasanol has been recommended for the treatment of tuberculosis, both internally and subcutaneously. It is also recommended as a deodorant and is said to have given good service in putrid cystitis. Dosage.—1 to 3 Gm. (15 to 5 grains) in wafers; subcutaneously, 3 to 4 Gm. (45 to 60 grains) in 20 per cent. aqueous solution; locally it may be used in from 0.1 to 2 per cent. solutions. Manufactured by Farbwerke, vorm. Meister, Lucius & Bruening, Hoechst a. M. (Victor Koechl & Co., New York).

HELMITOL.

A name applied to Hexamethylenamine Methylencitrate (which see). Manufactured by Farbenfabriken, vorm. Friedr. Bayer & Co., Elberfeld, Germany (Continental Color & Chemical Co., New York).

HEMOGALLOL.

An organic iron compound produced from blood by reduction of its hemoglobin by means of pyrogallol.

Actions and Uses.—It is hematinic. Hemogallol is recommended in anemia, chlorosis, chronic nephritis, diabetes and in convalescence. Dosage.—0.25 to 0.5 Gm. (4 to 8 grains), one-half hour before meals in powder with sugar or in tablets. Manufactured by E. Merch, Darmstadt (Merck & Co., New York).

HEDONAL.

Hedonal, $CH_3CH_2CH_2CH(CH_3)O.CO.NH_2 = C_6H_{13}O_2N$, a urethane differing from ethyl carbamate, U. S. P., in that the ethyl radicle has been replaced by the radicle of methylpropylcarbinol (pentan-2-ol) $CH_3CH_2CH_2CHOH.CH_3$.

Actions and Uses.—Hedonal appears to have a greater hyponotic effect than ethyl carbamate. It is said to be followed by no after-effects and is oxidized in the body to urea and carbon dioxide. It is recommended in insomnia due to mental overwork or nervous excitement occurring in the course of neurasthenia or hysteria. It is claimed to be particularly useful preliminary to anesthesia, a hypnotic dose being given and anesthesia effected with chloroform after the patient has been asleep for an hour. Dosage.—1 to 2 Gm. (15 to 30 grains), administered dry, followed by a swallow of water, or in wafers or capsules. Manufactered by Farbenfabriken, vorm. Friedr. Bayer & Co., Elberfield, Germany (Continental Color & Chemical Co., New York.)

HEMICRANIN.

A mixture of 5 parts of acetphenetidin (phenacetin), 1 part caffeine and 1 part citric or tartaric acid.

Dosage.—0.5 to 1.0 Gm. (8 to 15 grains). Manufactured by Farbenfabriken, vorm. Friedr. Bayer & Co., Elberfeld, Germany (Continental Color & Chemical Co., New York).

HEMOQUININE.

Each 30 Cc. (one fluid ounce) is said to contain 2.16 Gm. (34 grains) of so-called peptonate of iron (made by adding ammonio-citrate of iron to freshly prepared peptone of egg albumin) and 0.54 Gm. (8½ grains) of so-called peptonate of manganese together with 0.3 Gm (5 grains) of quinine peptonate (equivalent to 0.15 Gm. (2.3 grains) of quinine sulphate), and 0.08 Gm. (1-9 grain) of sodium arsenate in a menstruum containing 20 per cent. of alcohol with glycerin and aromatics.

Dosage.—8 Cc. (2 fluidrams) three times a day. Prepared by Schieffelin & Co., New York.

HEROIN.

Heroin, $C_{17}H_{17}(C_2H_3O_2)_2NO = C_{21}H_{23}O_5N$, a synthetic alkaloid obtained by the acetylization of morphine.

Action, Uses and Dosage.—See heroin hydrocloride. Manufactured by Farbenfabriken, vorm. Friedr. Bayer & Co., Elberfeld, Germany (Continental Color & Chemical Co., New York).

HEROIN HYDROCHLORIDE.

Actions and Uses.—When given in small doses heroin hydrochloride has apparently no effect on any of the vital functions except respiration, which it renders slower, the volume of the individual respirations being increased, but usually not sufficiently to compensate the slowing, the result being a diminution in the total amount of air respired. In large doses it may produce dizziness, nausea, and occasionally constipation, and, in pois-

onous amounts, twitching of the extremities, great exhaustion, and dimness of vision may be added. The temperature becomes subnormal and the pulse rapid and thready. The habit is readily formed and leads to the most deplorable results. It is readily absorbed from all mucous membranes. It lessens irritability of the respiratory center, thus allaying cough, but does not depress the respiration as much as morphine. On withdrawing the drug from habitues there is said to be a tendency to respiratory failure which may be dangerous. Heroin and its hydrochloride are recommended chiefly for the treatment of diseases of the air passages attended with cough, difficult breathing and spasm, such as the different forms of bronchitis pneumonia, consumption, asthma, whooping cough, laryngitis and certain forms of hay fever. It has also been recommended as an analgesic, in the place of morphine in various painful affections. Toxic symptoms should be treated by the administration of caffeine hypodermically and of hot coffee by the stomach. To avoid respiratory failure in the treatment of heroin addiction, it has been suggested to substitute morphine for the heroin and then treat the patient for morphine addiction. Dosage.—0.0025 to 0.005 Gm. (1-2 to 1-12 grain) to adults 3 to 4 times a day, the maximum dose being 0.01 Gm. (1-6 grain). To children it may be given in doses varying from 0.0002 to 0.001 Gm. (1-300 to 1-60 grain), according to the age. Manufactured by Farbenfabriken, vorm. Friedr. Bayer & Co., Elberfeld, Germany (Continental Color & Chemical Co., New York).

HEROMAL.

Each 8 Cc. (2 fluidrams) is said to contain: Heroin 0.0013 Gm. (1-48 grain), sodium hypophosphite 0.03 Gm. (¼ grain) in a menstruum of malt extract with 6 per cent. of alcohol.

Dosage.—8 Cc (2 fluidrams) every three or four hours. Prepared by Schieffelin & Co., New York.

HEROTERPINE.

Each 8 Cc. (2 fluidrams) is said to contain: Terpin hydrate 0.13 Gm. (2 grains), heroin 0.0022 Gm. (1-24 grain), in a menstruum containing 32 per cent. of alcohol with glycern and aromatic essential oils.

Dosage.—4 to 12 Cc. (1 to 3 fluidrams). Prepared by Schieffelin & Co., New York.

HETOL.

A name applied to sodium cinnamate (which see) prepared synthetically. Manufactured by Kalle & Co., Biebrich a. Rh. (Merck & Co., New York).

HEXAMETHYLENAMINE METHYLENCITRATE[1]

1. This is the chemical name for a preparation on the market under the names of helmitol and urotropin, new (which see).

This substance, $C_6H_8O_7(CH_2)_6N_4 = C_{12}H_{20}O_7N_4$, is a compound of hexamethylenamine with anhydromethylencitric acid.

Actions and Uses.—It is a urinary antiseptic and germicide claimed to be more prompt and energetic in its action than hexamethylenamine, acting equally well whether the urine be alkaline or acid in reaction, rapidly clearing it up and allaying pain. Dosage.—0.6 to 1 Gm. (10 to 15 grains).

HOLOCAINE HYDROCHLORIDE.

Holocaine hydrochloride. $CH_3C(:N.C_6H_4OC_2H_5).(.NH.C_6H_4OC_2H_5)HCl = C_{18}H_{22}N_2O_2HCl$, the hydrochloride of a basic condensation product of paraphenetidin and acetparaphenetidin (phenacetin).

Actions and Uses.—It is a local anesthetic like cocaine, but having the advantage of quicker effect and an antiseptic action. Five minims of a 1 per cent. solution when instilled into the eye are usually sufficient to cause anesthesia in from 1 to 10 minutes. It is more toxic than cocaine and without effect on the pupil or blood vessels. It is not so useful as cocaine when the vasoconstrictor effect of the latter is desired. It is said not to cause the scaliness of the cornea which sometimes results after the use of the older remedy. Dosage.—It is applied in a 1 per cent. aqueous solution. Manufactured by Farbwerke, vorm, Meister, Lucious & Bruening, Hoechst a. M. (Victor Koechl & Co., New York).

HYPNAL.

Hypnal, $C_{11}H_{12}N_2O.CCl_3CH(OH)_2 = C_{11}H_{13}N_2O_3Cl_3$, antipyrine combined with one molecule of hydrated chloral.

Actions and Uses.—Hypnal is an analgesic and hypnotic resembling chloral in its action, but said to be less liable to produce injurious effects on the vaso-motor center of the heart. It may be used where chloral is indicated, as in mild forms of mental excitement, incipient delirium tremens, and in insomnia caused by pain. Dosage.—1 to 2 Gm. (15 to 30 grains); although supposed to be less toxic than chloral, larger doses up to 3 Gm. (5 grains) should be used with caution. Manufactured by Farbwerke, vorm. Meister, Lucius & Bruening, Hoechst a. M. (Victor Koechl & Co., New York).

ICHTHALBIN.

A compound of ichthyolsulphonic acid and albumin analogous to tannalbumin.

Actions and Uses.—Its actions and uses are the same as those of ichthyol, with the asserted advantage of freedom from such side effects as nausea, eructations, etc. Dosage.—For infants, 0.13 to 0.3 Gm. (2 to 5 grains), in gruel; older children, 0.6 to 1 Gm. (10 to 15 grains), mixed with scraped chocolate; adults, 1 to 1.3 Gm. (15 to 20 grains), in chocolate tablets. Manufactured by Knoll & Co., Ludwigshafen, a Rh. and New York.

ICHTHAMMON.

The ammonium compound of a sulpho-acid obtained from a bituminous mineral by distillation with sulphuric acid and neutralization with ammonia.

Actions and uses.—It has the physical properties of ichthyol, a high sulphur content and, therefore, is claimed to have the pharmacologic and therapeutic properties of ammonium ichthyol sulphonate (see ichthyol). Manufactured by F. Reichelt, Breslau.

ICHTHARGAN.

A compound of ichthyol and silver, claimed to contain 30 per cent. of metallic silver and 15 per cent, of sulphur in organic combination.

Actions and Uses.—It is said to be bactericide, astringent and antiphlogistic. It is reported to combine the bactericidal action of the silver salt with the penetrating and antiphlogistic action of ichthyol. It is recommended in gonorrhea in all its forms as a succedaneum for organic salts of silver. It is claimed to be the strongest in silver content of all the various organic compounds of silver introduced in late years. Dosage.—0.04 to 0.2 per cent. solution in gonorrhea; 3 per cent. solution in posterior urethritis; ½ to 3 per cent. solution in trachoma. Manufactured by the Ichthyol Co., Hamburg (Merck & Co., New York).

ICHTHERMOL.

A compound of ichthyol sulphonic acid and mercury, containing 24 per cent. of metallic mercury. Manufactured by the Ichthyol Co., Hamburg (Merck & Co., New York.

ICHTHOFORM.

A compound of ichthyol and formaldehyde.

Actions and Uses.—Ichthoform is said to be antiseptic and antiphlogistic. It is reported to be efficacious in arresting intestinal decomposition and inflammation, whilst non-toxic. Dosage.—Internally, 0.6 to 2 Gm. (10 to 30 grains), in powders taken plain, or suspended in gruel or cacao, or as a "shake" mixture; externally as pure powder, as 30 to 50 per cent. triturations, or as 10 to 25 per cent. ointments. Manufactured by the Ichthyol Co., Hamburg (Merck & Co., New York).

ICHTHYOL.

Ichthyol consists largely of the ammonium salts of sulphonic acids derived from the tar of a bituminous shale which is found in the Tyrol and which contains the remains of many fossil fishes. The exact composition and nature of ichthyol is still doubtful.

Actions and Uses.—Ichthyol penetrates the unbroken skin and, it is claimed, acts as a vasoconstrictor on mucous surfaces. It has an antiseptic action and is believed to act as an alterative in consequence of the sulphur which it contains. It is recommended internally in phthisis, skin diseases, gout, scrofula, nephritis, etc. Externally it has been applied in erysipelas, burns, chilblains, carbuncles rheumatism, ivy poisoning etc., also in uterine and vaginal inflammation, gonorrhea, etc. Dosage.—Internally, 0.2 to 2 Cc. (3 to 30 minims) mostly in simple solutions in water. Externally, in vaginal, uterine or rectal suppositories, in 0.06 to 0.12 Cc. (1 to 3 minims) bougies, or 1 to 3 per cent. solution for gonorrheal treatment. Manufactured by the Ichthyol Co., Hamburg (Merck & Co., New York).

ICHTHYOLUM AUSTRIACUM.

A product obtained by the sulphonation of a mineral oil having a large natural sulphur content, neutralization with ammonia, and deodorization and purification by dialysis.

Actions and Uses.—These are claimed to be identical with those attributed to ichthyol. Manufactured by G. Hell & Co., Tropau.

IODIPIN.

Iodipin is an iodine addition product of sesame oil containing 10 per cent. iodine, in organic combinaton.

Actions and Uses.—Iodipin acts in the system similar to the iodides, being broken up in a manner analogous to that described under bromipin, which see. Its action is more lasting and with less tendency to iodism. Manufactured by E. Merck, Darmstadt. (E. Merck & Co., New York).

(To be Continued.)

BOOK REVIEWS

PHYSICIANS' VISITING LIST, 1908. With special memoranda for twenty-five patients per week. Interleaved. Published by P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia. Price $1.00.

The 1908 edition of this Visiting List is similar in style and make-up to previous volumnes. It is a standard for keeping daily records of visits and needs no special comment from us to introduce it.

A TEXT-BOOK OF OBSTETRICS. By Barton Cooke Hirst, M. D., Professor of Obstetrics in theUniversity of Pennsylvania, Gynecologist to the Howard, the Orthopedic, and the Philadelphia Hospitals, etc. Fifth Edition, Revised and Enlarged with 707 Illustrations, 40 of them in colors. Octavo, 915 pages. Cloth, $5.50, net; sheep, $6.50, net. W. B. Saunders Co., Philadelphia and London.

No review is necessary to introduce either Dr. Hirst or his text-books to the medical profession. The new fifth edition of his Text-book of Obstetrics maintains the high standard established by former editions. The author has revised the entire book, but has devoted special attention to the sections dealing with gestational toxæmia and puerperal infection. We find in this, as in former editions, a safe, sane and conservative judgment. The theoretical is made subordinate to the practical. Thus, the author has accomplished well his purpose of preparing a work especially adapted to the needs of the student and general practitioner of medicine without sacrificing the needs of the specialist. G. C. M.

MANUAL OF DISEASES OF THE EYE. By Charles H. May, Chief of Clinic and Instructor in Ophthalmology, College of Physicians and Surgeons, Medical Department, Columbia University, New York. —1890-1903; Ophthalmic Surgeon to the City Hospitals, Randall's Island, New York, etc. Fifth Edition Revised. With 362 Original Illustrations. With 22 plates. With 63 Colored Figures. 1907. Price, $2.00 net.

In the class, and for the purpose for which it was written this little volume is not excelled. It has been translated into the German, French, Italian, Spanish, Dutch, and edited in England by Mr. Claud Worth. This certainly speaks well for the volume.

We have used this book since its first edition, and find that as an aid to the teaching of the commoner diseases of the eye it serves well its purpose. McA.

TREATMENT OF THE DISEASES OF CHILDREN. By Charles Gilmore Kerley, M. D., Professor of Diseases of Children, New York Polyclinic Medical School and Hospital, etc. Octavo volume of 597 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5.00 net; Half Morocco, $6.50 net.

Although the author states that his book is not intended for any but the general practitioner, nevertheless it strikes us that its presence amongst the list of books of the specialist would prove invaluable.

Although we cannot say much for most of the illustrations, the general appearance and arrangement of the book is most excellent.

It appears to be, primarily a work of individual experience, large in itself and intensely practical. The author's statement, "having had no recoveries, I am in no position to suggest a treatment," may well be taken as the key-note of the entire work. Further than this, it inspires confidence in the mind of the reader and causes him to feel that those measures which are suggested will, if faithfully tried, prove of value.

In reading the text we are surprised at the scarcity of drugs; this seems to be a decided step in the right direction; and, furthermore, palatability is so constantly urged that were the drug suggestions alone to be followed much greater success would be gained.

The specialist appreciates, perhaps to a greater degree than does the average practitioner, the value of external and mechanical methods of treatment. And as these make up so large a part of the text, the author's object in appealing more particularly to the man in general practice is well attained.

The addition of a final chapter on Gymnastic Therapeutics is somewhat new but, like the rest of the book, is so clearly stated and so practical in appliaction, that it becomes a decided asset to the general scope of the work.

The dose tables and indexes are very complete.

J. E. HUNT.

DISEASES OF THE EYE. By L. Webster Fox, A. M., M. D., Professor of Ophthalmology in the Medico-Chirurgical College of Philadelphia, Pa.; Ophthalmic surgeon in the Medico-Chirurgical Hospital. With five colored plates and two hundred and ninety-six illustrations in the text. D. Appleton and Company, New York and London.

In his preface the author states that this treatise is the outgrowth of a series of lectures delivered by him at the Medico-Chirurgical College and Hospital during the last ten years.

While the work is based on an extended experience, and for which it is valuable, still it belongs to the ever-increasing series of books, "written for the student and general practitioner," which fall far short of their purpose.

Reports of some interesting and instructive cases are given, and as the work is largely based on the wealth of the personal experience of the author it expresses his views of pathology and treatment, for which it has a real value. McA.

International Clinics. Vol. 3, Fifteenth Series. J. B. Lippincott Co., Philadelphia, Pa.

This well known quarterly keeps up its high standard of excellence. Leo Loeb has an illuminating paper on the inoculability of malignant neoplasms. He mentions that Clower found sarcoma develop, apparently spontaneously, in some rats kept in a cage in which some years before Loeb had imprisoned sarcomatous rats. Such papers as Loeb's give us hope for future and useful knowledge. Sweet discourses on arterial suture. His work is most excellent and reliable. The reviewer has had opportunity to examine many of Sweet's results and he has been profoundly impressed by the advances being made by men like Carroll and Sweet in this new field of surgery.

Hugh H. Young contributes an enthusiastic article on prostatitis. Frederick P. Gay's contribution to the experimental study of syphilis is most instructive. The photograph of a section from a chancre showing the spirochæta pallida, is of unusual clearness.

The Ear and Its Diseases. A Text-Book for Students and Physicians. By Seth Scott Bishop, B.S,, M.D., LL.D., Honorary President of the Faculty and Professor in the Post-Graduate School and Hospital of Chicago; Surgeon to the Post-Graduate Hospital and to the Illinois Hospital, etc. Illustrated with 27 Colored Lithographs and 200 Additional Illustrations. Royal Octavo, 440 Pages. Bound in Extra Cloth. Price, $4.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

Prof. Bishop's works are so well known especially in the West, where he has taught and wrote for more than twenty-five years, that there remains little to be said concerning his new book. The portion devoted to treatment will be highly appreciated, for after all what to do and how to do it so as to benefit patients is our chief aim.

The author has devised many useful and practical instruments for the mastoid operation. That he is an artist in this field of surgery many Western otologists can testify because they have seen him at work.

Prof. Bishop very properly gives a chapter on local treatment by sprays and inhalations and gives a large number of remedies for such use. The book is well printed.

Hal Foster.

CLINICAL DIAGNOSES A Text Book of Clinical Microscopy and Clinical Chemistry for Medical Students, Laboratory Workers, and Practitioners of Medicine. By Charles Phillips Emerson, A. B., M. D., Resident Physician, The Johns Hopkins Hospital: Associate in Medicine The Johns Hopkins University, Philadelphia and London: J. B. Lippincott Co.

In the preface the author says that the function of the clinical laboratory worker is to aid the ward worker. The findings of the former are seldom conclusive and must be interpreted in the light of the ward findings.

The book is based on the author's experience in the Clinical Laboratory, and as Instructor in Medicine, of the Johns Hopkins University, and upon the clinical records of ward cases, for the seventeen years of the Hospital's existence. There are chapters on the examination of the sputum, the urine, the gastric contents, the intestinal contents and feces, the blood and lastly, various body fluids. Frequent comments on the value of one or another diagnostic procedure or test, as determined by the records of ward cases, are given, this feature adding to the value of the book. The figures in the text, 126 in number, practically all original, are good, and the five plates are excellent. The book is well indexed and well printed. We believe the author has executed his design, to write a book "which will commend itself to the medical profession." F. E. M.

A MANUAL OF CLINICAL DIAGNOSIS BY MICROSCOPICAL AND CHEMICAL METHODS. For Students, Hospital Physicians and Practitioners. By Charles E. Simon, M. D., Professor of Clinical Pathology in the Baltimore Medical College. Sixth edition, revised. Octavo, 682 pages, with 177 engravings and 24 colored plates. Cloth, $4.00 net. Lea Brothers & Co., Philadelphia and New York, 1907.

The new 6th edition of this old favorite presents the ever growing subject of clinical microscopy and chemistry in a way that will insure the continued life of this excellent text. The illustrations of the blood stained by the eosinate of methylene blue are particularly fine and useful as this method of staining the blood has largely replaced the older methods both in the hands of the general practitioners and the students of hæmatology. In future editions of this most excellent book the reviewer hopes that the author will economize space by utilizing his plates to represent more material. It seems too bad to use a whole page plate paper to represent six or seven blood cells. In a book of this size ten times the number of illustrations could be inserted without the least impairment of beauty of the work.

This book withal is probably the best balanced clinical pathology available to the American student. It is to be hoped that both author and publisher will resolve to keep it up to the best ideals of a medical public that is rapidly becoming more discriminating. F. J. H.

METABOLISM AND PRACTICAL MEDICINE. By Carl von Noorden, Professor of the First Medical Clinic, University Vienna. Volume III. The Pathology of Metabolism. By Carl von Noorden, H. Salamon, A. Schmidt, A. Czerny, H. Steinitz, C. Dapper, M. Matthes, C. Neuberg, O. Loewi, and L. Mohr. Anglo-American Issue under the Editorship of I. Walker Hall. Published by W. T. Keener & Co., Chicago, 1907. Price: $6.00 net.

Special efforts have been made to issue this third volume at an early date. While it appears almost simultaneously with the German edition, it has been subjected to considerable revision. Recent English, American and Continental work has been added to the text and bibliography and several sections have been partially rewritten. The subjects dealt with in this volume are the following: Diabetes mellitus, Gout, Obesity, Rarer Derangements of Carbohydrate Metabolism, Diseases of the Skin, Cancer, Children's Diseases, Mineral Waters and Metabolism, Baths and Metabolism, Ductless Glands, Oxaluria, Drugs and Poisons, Influence of Light, Nervous and Mental Diseases, Bone and Joint Diseases, and Diabetes insipidus. The interesting volume concludes with an appendix giving an analysis and the calorific values of all commoner foodstuffs.

These are subjects of particular interest to the specialist and practitioner, and, therefore, have been considered in greater detail than was permissible in the two preceding volumes.

So great has been the demand, that W. B. Saunders Company, the medical publishers of Philadelphia and London, have found it necessary to issue another revised edition of their illustrated catalogue of medical and surgical books. Since the issuance of the last edition six months ago, the publishers have placed on the market some twenty-five new books and new editions—truly an indication of publishing activity. The colored insert plate from Keen's new Surgery, which enhanced the value of the former edition, has been replaced by a new one from the second volume of the same work, and this alone gives the catalogue a real value. A copy will be sent to any phyhician upon request.

THE CENTURY IN 1908.

A new novel by Dr. S. Weir Mitchell, best known and, perhaps, widest read of all American writers of fiction today, will be a strong fiction feature of *The Century* in 1908. "The Red City" is its title, and it is an historical novel of Philadelphia in the time of President Washington, a mate to Dr. Mitchell's famous "Hugh Wynne." It is the romance of a Huguenot *emigre* whose father has been wantonly killed at Avignon by the Revolutionists, and who comes with his widowed mother to Philadelphia. There he falls in love with a young Quakeress, goes into the employ of Hugh Wynne, comes in contact

with Jefferson, Hamilton and other public men; also with a mysterious German and with Aunt Gainor, who figured so largely in the "Hugh Wynne" novel. In it there is a remarkable account of the great plague in Philadelphia and the hero becomes mixed up in cabinet intrigues at a time when the warring English and French factions were embarrassing the President. The story is a true and valuable picture of the time of Washington's presidency, and has to do with him personally. It is strikingly illustrated by Keller.

Another interesting feature will be the article by Dr. Shrady, one of General Grant's physicians in his last illness, and in frequent attendance upon him. Dr. Shrady put on record interesting details relating to the General's last months, of which no satisfactory record has yet been written. The narrative will emphasize, by anecdote and personal reminiscence, the great qualities of patience, heroism and good will which characterized these sad months.

McCLURE'S FOR DECEMBER.

The December *McClure's* abounds in strong features. Burton J. Hendrick's "Great American Fortunes" is the history of the exploitation by a few men of the richest country in the world. The present instalment deals with Ryan and the Metropolitan Railway Company. Cleveland Moffett describes the evolution of the oldest of toys, the spinning-top, into the gyro-car, which bids fair to revolutionize the life of the world. Harry Smith Williams follows this up with "The Gyroscope and Ocean Travel," another use of the gyroscope, which promises to abolish seasickness. President Eliot of Harvard, in "The Canadian Act," gives an interesting account of what the Dominion Government has done to aid in the prevention and settlement of strikes in mines and industries connected with public utilities. Professor Lowell's "The Planet Mars" is the very latest word from our neighbor planet. "Some American College Boys," by Cameron Mackenzie, is a thrilling account of the Cornell University fire, which proves that heroism is not dying out.

Cleveland Moffett has a talent for making machinery interesting to even the least mechanically inclined mind. "The Edge of the Future in Science," is the history of an invention which has been sufficiently perfected to induce the British War Office to back the inventor with $30,000. This new gyro-car, the invention of a wonder-working Irishman, if it fulfills its promises, will revolutionize human activities. It will bring New York and San Francisco within a single day of each other, while London to South Africa will dwindle down to a six day's trip. And all this in cars thirty feet wide—not cars at all, in fact, but great spinning hotels. There are photographs of this time and space annihilator to illustrate the article.

Dr. John Punton has issued a pamphlet giving information concerning the Punton Sanatarium for Nervous Invalids. During the past six years 1,200 patients have been treated in this institution with a general average of 47 per cent. of recoveries.

AMERICAN MEDICAL ASSOCIATION.

Next Annual Meeting at Chicago, 1908.

President: JOSEPH D. BRYANT, New York City.
President Elect: HERBERT L. BURRELL, Boston.
Secretary and Editor: GEORGE H. SIMMONS, 103 Dearborn Ave., Chicago.

MISSOURI STATE MEDICAL ASSOCIATION.

Next Annual Meeting, Springfield, May 1908.

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Vice Presidents:
THOS. B. COOKE, Rayville; A. H. VANDIVERT, Bethany; CHAS. HOUGH, Jefferson City; J. P. DUNIGAN, Holliday; O. F. PILE, Memphis.
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Assistant Secretaries: PAUL Y. TUPPER, St. Louis; GAIL ALLEE, Lamar.
Treasurer: J. FRANKLIN WELCH, Salisbury.

Medical Section.

Chairman: T. F. LOCKWOOD, Butler. Secretary: GAIL ALLEE, Lamar.

Surgical Section.

Chairman: H. E. PEARSE, Kansas City. Secretary: P. Y. TUPPER, St. Louis.

ORATORS.

Oration on Medicine:

JOHN H. DUNCAN, St. Louis.

Oration on Surgery:

HERMAN E. PEARSE, Kansas City.

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Committee on Scientific Work.

H. E. Pearse, T. F. Lockwood, P. Y. Tupper, Gail Allee.

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W. B. Dorsett, Chairman. M. B. Clopton, M. C. Shelton.

Committee on Public Policy and Legislation.

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Committee on Medical Education.

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Committee on Tuberculosis.

Wm. Porter, Chairman; W. M. Bayliss, J. B. Norman, M. P. Overholser, Tinsley Brown.

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Twenty-third District.—Councillor, D. R. Corbin, Bloomfield. Counties: Stoddard, Dunklin, Pemiscot, New Madrid.
Twenty-fourth District.—Councillor, J. J. Norwine, Poplar Bluff. Counties: Wayne, Butler, Ripley, Carter.
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Twenty-sixth District.—Councillor, R. L. Johnson, Rolla. Counties: Crawford, Phelps, Pulaski, Laclede, Dent, *Dallas.*
Twenty-seventh District.—Councillor, H. C. Shuttee, West Plains. Counties: Howell, Shannon, *Ozark, Oregon, Texas, Wright, Douglas.*
Twenty-eighth District.—Councillor, T. A. Coffelt, Springfield. Counties: Greene, Lawrence, Barry, Stone, Christian, Webster, Polk, *Taney.*
Twenty-ninth District.—Councillor, A. R. Snyder, Joplin. Counties: McDonald, Newton, Jasper, Cedar, *Dade.*

**Counties in Italics are not organized.*

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Andrew	E. C. Bennett	Bolckow	C. O. Jeffries	Savannah
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Benton	G. S. Greeson	Lincoln	W. G. Jones	Lincoln.
Boone	I. E. Thornton	Columbia	A. W. Kampschmidt	Columbia.
Buchanan	O. G. Gleaves	St. Joseph	Chas. W. Fassett	St. Joseph.
Butler	Victor Cadwell	Poplar Bluff	A. R. Rowe	Poplar Bluff.
Caldwell	W. T. Lindley	Hamilton	Tinsley Brown	Hamilton.
Callaway	G. F. Roots	Tebbetts	Martin Yates	Fulton.
Camden	G. M. Moore	Linn Creek	G. T. Myers	Macks Creek.
Cape Girardeau	H. L. Cunningham	Cape Girardeau	E. H. G. Wilson	Cape Girardeau.
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Cass	H. A. Brierly	Peculiar	R. P. Yeagle	Pleasant Hill.
Cedar	Kimball Hill	El Dorado Springs	J. W. Dawson	El Dorado Springs.
Chariton	Oliver McEwen	Shannondale	C. A. Jennings	Salisbury.
Christian	J. C. Young	Ozark	J. A. Roberson	Ozark.
Clark	N. W. Harris	Winchester	A. H. Teel	Kahoka.
Clay	L. J. Jones	Linden	F. H. Matthews	Liberty.
Clinton	John Sturgis	Perrin	E. A. Colley	Plattsburg.
Cole	C. P. Hough	Jefferson City	S. V. Bedford	Jefferson City.
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Crawford	W. A. Metcalf	Steelville	A. H. Horn	Steelville.
Daviess	W. L. Brosius	Gallatin	M. A. Smith	Gallatin.
DeKalb	H. P. Yeater	Maysville	R. A. Evans	Amity.
Dent	A. F. McMurtrey	Salem	I. C. Welch	Salem.
Dunklin	N. F. Kelley	Kennett	Paul Baldwin	Kennett.
Franklin	H. A. Booth	Pacific	A. C. Brown	Moselle.
Gasconade-Marie Osage	J. J. Radamacher	Meta	J. D. Seba	Bland.
Gentry	G. W. Whiteley	Albany	Benj. Davis, Jr.	Albany.
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Grundy	N. E. Sutton	Trenton	D. W. Coon	Trenton.
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Johnson	L. J. Schofield	Warrensburg	E. H. Gilbert	Warrensburg.
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Lafayette	P. S. Fulkerson	Lexington	C. T. Ryland	Lexington.
Lawrence-Stone	D. M. Huffman	Crane	C. W. Shelton	Mt. Vernon.
Lewis	J. C. Brown	Lewistown	Paul F. Cole	Steffenville.
Lincoln	S. R. McKay	Trov	Wm. P. Smith	Troy.
Linn	J. T. Polson	Laclede	Foster W. Burke	Laclede.
Livingston	L. E. Tracy	Chillicothe	W. M. Girdner	Chillicothe.
McDonald	E. F. Doty	Anderson	M. L. Sellers	Anderson.
Macon	W. H. Miller	Macon	C. W. Reagan	Macon.
Madison	C. A. Anthony	Fredericktown	S. C. Slaughter	Fredericktown.
Marion	F. W. Bush	Hannibal	H. L. Banks	Hannibal.
Mercer	H. P. Chesmore	Princeton	C. R. Buren	Princeton.
Miller	W. A. Von Gremp	Iberia	W. L. Allee	Eldon.
Mississippi	H. L. Reid	Charleston	R. K. Ogilvie	Charleston.
Moniteau	S. H. Redmon	Tipton	W. R. Patterson	Tipton.
Monroe	S. M. Brown	Monroe City	M. C. McMurry	Paris.
Morgan	P. G. Woods	Versailles	H. N. Lutman	Versailles.
New Madrid	Welton O'Bannon	New Madrid	C. W. Watson	New Madrid.
Newton	R. L. Will	Neosho	Horace Bowers	Neosho.
Nodaway	F. R. Anthony	Maryville	H. L. Sayler	Elmo.
Pemiscot	J. G. Luten	Caruthersville	John Johnson	Hayti.
Perry	T. M. Hudson	Perryville	F. M. Vessells	Perryville.
Pettis	S. G. Kelly	Sedalia	Guy Titsworth	Sedalia.
Phelps	W. H. Bruer	St. James	S. L. Baysinger	Rolla
Pike	J. W. Dreyfus	Louisiana	R. G. Hereford	Louisiana.
Platte	W. D. Swaney	Linkville	F. M. Shaper	Edgerton.
Polk	J. E. Loafman	Bolivar	A. P. Mitchell	Bolivar.
Pulaski	W. L. Ragan	Richland	E. A. Oliver	Richland.
Putnam	C. H. Carryer	Hartford	T. A. Townsend	Unionville.
Ralls	Fred Walter	Perry	T. J. Downing	New London.
Randolph	G. O. Cuppaidge	Moberly	T. D. Mangas	Moberly.
Ray	E. H. Musson	Norborne	H. S. Major	Hardin.
Reynolds	J. M. Lowrey	Centerville	T. W. Chilton	Corridon.
Ripley	S. A. Proctor	Doniphan	J. F. Redwine	Doniphan.
Saline	D. C. Gore	Marshall	D. F. Bell	Marshall.
St. Charles	J. R. Mudd	St. Charles	B. K. Stumberg	St. Charles.
St. Clair	W. Cline	Appleton City	D. B. Williams	Osceola.
St. Francois	T. L. Haney	Farmington	R. Appleberg	Leadwood.
Ste. Genevieve	C. Moore	St. Marys	R. W. Lanning	St. Genevieve.
St. Louis	H. Tuholske	465 N. Taylor	C. E. Burford	955 Hamilton Av
St. Louis Co.	C. A. Dunnavant	Kirkwood	W. H. Townsend	Maplewood.
Schuyler	J. T. Jones	Queen City	H. E. Gerwig	Downing.
Scotland	W. E. H. Bondurant	Memphis	A. E. Platter	Memphis.
Scott	R. A. Sparr	Blodgett	W. S. Hutton	Fornfelt.
Shannon	Frank Hyde	Eminence	J. A. Chilton	Van Buren.
Shelby	J. D. Smith	Shelbina	A. M. Wood	Lentner.
Stoddard	T. B. Wingo	Dexter	John Ashley	Bloomfield.
Sullivan	J. C. Kessinger	Milan	J. S. Montgomery	Milan.
Vernon	J. F. Robinson	Nevada	T. McLemore	Nevada.
Warren	W. J. Alexander	Marthasville	E. A. Fluesmeier	Wright City.
Washington	J. A. Eaton	Belgrade	W. S. Smith	Belgrade.
Wayne	J. P. Sebastain	Patterson	R. J. Owens	Mill Spring.
Webster	H. Highfill	Marshfield	Wm. R. Beatie	Marshfield.
Worth	Arch Long	Denver	J. K. Phipps	Grant City.